

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SC WORKERS' COMPENSATION COMMISSION

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, III, Commissioner

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SC Court of Appeals

Case No. 1423018

Giles Long.....Claimant, Appellant/Respondent

v.

Metro Construction, Inc., Employer, and
American Zurich Ins. Co. and The
SC Uninsured Employer's Fund.....Carrier, Defendants

of which Metro Construction, Inc., Employer, and
The SC Uninsured Employers Fund, Carrier are.....Respondents/Appellants

And American Zurich Ins. Co.....Respondent

RECORD ON APPEAL VOLUME I OF IV

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DECISION AND ORDER
OF THE APPELLATE PANEL OF THE
SOUTH CARLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1423018

GILES LONG,

Claimant,

vs.

METRO CONSTRUCTION, INC.,

Employer,

and

AMERICAN ZURICH INS. CO.

and

THE SC UNINSURED EMPLOYERS' FUND,

Carrier(s).

Defendants.

STATEMENT OF THE CASE

This case was originally heard before Commissioner Avery B. Wilkerson, Jr. ("Single Commissioner") on March 13, 2018 in Columbia, South Carolina.

The claimant, Giles "Gregg" Long ("Claimant") contended that he was injured in a work-related accident on November 20, 2014 while an employee and owner of Metro Construction Company ("Metro" or "Employer"). Claimant subsequently made a claim for medical expenses and payment of temporary total benefits with American Zurich Insurance Company ("Zurich") which was denied. Claimant asserted that the applicable case and statutory law supports his claim for worker's compensation benefits and that he is entitled to payment of past medical expenses, past temporary total benefits, and future medical care. The issue of permanency was not tried on the basis that it was premature. Claimant contended that, on April 4, 2014, Metro

applied to the NCCI (assigned risk plan administrator for SC) for an assigned risk workers' compensation policy and was assigned by the NCCI to Zurich, which issued a policy to Metro. Claimant was covered as an insured employee under the Zurich policy.

On July 5, 2014, Metro received a Notice of Non-Cooperation letter from Zurich advising of its need to cooperate with a preliminary audit of its policy and failure to do so would result in cancellation of its policy. On July 4, 2014, Zurich provided a cancellation notice to Metro stating that its policy was cancelled effective August 8, 2014.

Following Zurich's policy cancellation, Metro continued to receive requests for payroll information and additional premiums from Defendant Zurich. Metro, thereafter, provided some but not all of the required payroll and financial information to the insurance carrier and paid still outstanding premiums as requested.

On November 20, 2014, Claimant was involved in a work-related accident resulting in severe burns to much of his body and damage to his hearing, skin loss, pulmonary system, respiratory system, eyes, back, stomach, both upper and lower extremities and scarring.

On March 12, 2015, Claimant filed a claim for workers' compensation benefits against the SC Uninsured Employers' Fund ("Fund"). Defendant Fund also denied coverage for Mr. Long's injuries and filed a motion to add Defendant Zurich as a party-defendant. This motion was granted by the Commission.

Defendant Fund argues that either Defendant Zurich is responsible for the Claimant's damages or, conversely, that Claimant is personally responsible for his medical bills and damages. Defendant Fund's argument is based on the proposition that Claimant—as the owner of Metro—had continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. In support of this argument Defendant Fund filed a motion with the Commission to add the Claimant as a Defendant in his personal capacity. Claimant filed a

responsive brief stating that he could not be held individually liable since he was an employee of the Metro when he was injured and since Metro was administratively reinstated by the Secretary of State's office in December 2016. On April 19, 2017, Commissioner Aisha Taylor ruled in favor of the Claimant and denied Defendant Fund's motion to add Giles Long individually as a Defendant. Moreover, Defendant Fund's appeal to the Full Commission was denied on May 15, 2017 as Commissioner Taylor's ruling was considered interlocutory and not subject to further appeal.

Defendant Zurich denies coverage for this claim and alleges that "the policy was cancelled for failure to comply with the audit, and for a substantial breach of contractual duty conditional warranty under Section 38-75-730(A)(4)." Specifically, Defendant Zurich argues that Metro's failure to provide audit information represents a substantial breach of contract in violation of Section 38-75-730(A)(4). Zurich maintains that its policy cancellation was properly executed since notice of cancellation was timely delivered to the insured and the agent of record in accordance with the statutory requirements.

Following the hearing, a Decision and Order was entered on August 22, 2018 in which the Single Commissioner found that Zurich did not properly cancel its policy, that Metro did not commit a substantial breach of its contract, and that Claimant believed that he had coverage in place on the date of his injury. As such, the Single Commissioner held that Zurich was the responsible carrier for this claim. The instant appeal was timely filed by Zurich and by the Defendant Fund. A hearing before the Appellate Panel of the Commission was held on December 17, 2018.

Based on the entirety of the record, the briefs of the parties, and the arguments of counsel at the hearing, the Appellate Panel finds, as set forth fully below, that decision and order of the Single Commissioner is **AFFIRMED IN PART** and **REVERSED IN PART**.

STATEMENT OF FACTS

A. Medical Opinions

11/20/2014, Palmetto Health Richland: The Patient is a 55-year-old white male who presented to Palmetto Health Richland Emergency Department as a trauma alert after being involved in a dynamite blast explosion. . . He was noted to have extensive burns anteriorly to the abdomen, chest, bilateral upper and lower extremities and face. He also sustained a soft tissue avulsion to the left lower extremity as well as a left open tibia-fibula fracture, multiple scattered 1-2mm superficial facial injuries, extensive orbital and maxillary sinus wall fractures, respiratory failure, pulmonary contusions and bilateral corneal abrasions. (APA pgs. 1-3, 13, 14 and 16)

11/21/2014, Joseph Still Burn Center (Doctors Hospital): Claimant sustained burns of 25 – 30% of body of which 15% percent of body surface area receiving third and fourth degree burns. He has respiratory failure and a closed head injury as well as a deep cratering wound with necrotic skin and subcutaneous tissue visualized on the left medial thigh. (APA pgs. 38, 45 and 62)

11/29/2014, Joseph Still Burn Center (Doctors Hospital): Claimant has drainage from both ears, inner ear effusions on CT highly contaminated on arrival. . . Vision seems to be affected by injury. (APA p. 194)

B. Hearing Testimony

Timothy Lukes

On examination by counsel for Travelers and Zurich, Mr. Lukes testified that he is employed by Traveler's Indemnity Company and its property and casualty affiliates, where he is a Senior Underwriter for the Assigned Risk market. (Tr. p. 46). He has been employed there for twelve (12) years and his responsibilities include servicing a book of business, offering management and executive's opinions on complex cases, and appearing at hearings and/or depositions as needed. (Tr. p. 47). Mr. Lukes testified that he had traveled from the Orlando office and that his office along with an office in St. Louis, Missouri, operated the Assigned Risk Division of Travelers. (Id.). Mr. Lukes testified that the Orlando office services the State of South Carolina and thus he was sent from Orlando to attend the hearing. (Tr. pp. 47-48). Mr. Lukes testified about assigned risk policies and explained that each state provides an avenue for legal entities to acquire a Worker's Compensation policy in compliance with the law. (Tr. p. 48).

Mr. Lukes testified that a policy was issued to Metro in which he identified the specific policy that was issued to Metro and confirmed that the policy number was 6ZZUB2E1499-8-14. (Tr. pp. 49-50). Mr. Lukes then explained that Zurich contracts with Travelers to handle Zurich's worker compensation policies for South Carolina. (Tr. pp. 51-52). Mr. Lukes clarified that Travelers does not work underneath Zurich, but contracts with them to work on their South Carolina policies. (Id.). Mr. Lukes continued his testimony and explained that the policy coverage period for Metro's policy was from April 4, 2014 to April 4, 2015. (Tr. p. 52). Mr. Lukes confirmed the address for Metro as 2526 Caney Branch Road, Leesville, South Carolina 29070-8928 and clarified that the policy in question was Metro's first and only year of issuance with Zurich and that the date of issue was May 8, 2014, as stated at the bottom of the policy. (Tr. p. 53).

Mr. Luke testified about the notice of cancellation and explained that the notice was sent to Metro based on a failure to audit their payroll or permit an audit to be conducted by the insurer. (Tr. p. 54). He further explained that an audit is required on a policy to confirm the payroll information that was estimated at the time of issuance. (Id.). He explained that the initial payroll or exposure must be estimated and states that an audit can occur at any point during the term as a means of truing up the estimated exposure and providing actual exposure amounts. (Id.). Mr. Lukes testified that the payroll audit was a preliminary audit. (Tr. p. 55).

Mr. Luke testified that the initial premium for Metro's policy was \$15,928.00. (Tr. p. 57). Mr. Lukes then testified that the notice of cancellation was issued on July 4, 2014 and went out by mail either the evening of July 4, 2014 or early morning on July 5, 2014. (Id.). He stated that the effective date of the cancellation was August 8, 2014. (Tr. p. 58). Mr. Lukes explained that an insured is required to do an audit and if they fail to complete the audit, a cancellation will be issued. (Id.). Mr. Lukes confirmed that the notice of cancellation in question was the type that

would be issued for failure to complete an audit. (Id.). Mr. Lukes testified that the agent of the policy would also receive notice of cancellation which is indicated on a cover letter that shows the Agent's address. (Tr. pp. 58-59).

Mr. Lukes testified generally about the NCCI system used by the insurer and stated that the status of a policy is displayed in the system. (Id.). He explained that Travelers sends cancellation information to the system. (Tr. pp. 60-61). He clarified that the system reported that Metro's policy was cancelled as of August 8, 2014 for failure to comply with the terms and conditions pertaining to audits. (Tr. p. 61). He testified that the cancellation was due to Metro's refusal to permit preliminary audit. (Id.).

Mr. Lukes then testified about the premium notices and stated that the notice was mailed to the insured on September 19, 2014 and displayed a policy period of April 4, 2014 to August 8, 2014. (Tr. pp. 61-62). Mr. Lukes explained that the notice notified Metro that it was time for a premium audit and that Metro would need to schedule an appointment. (Tr. p. 62). He further explained that an audit was required to cover the policy terms from April 4 2014 until August 8, 2014. (Id.). Mr. Lukes testified that if the audit was completed within 60 days of lapse, then the policy could be reinstated with a lapse period. (Tr. pp. 62-63).

Mr. Lukes testified that a subsequent notice sent on October 23, 2014 deemed Metro to be uncooperative for failure to respond to the September 19, 2014 notice. (Tr. p. 63). He then testified about a November 3, 2014 premium adjustment notice sent to Metro based on an estimated audit. (Tr. p. 64). He pointed out that the policy period for this notice was April 4, 2014 to April 4, 2015, but also indicated that the cancellation period was for April 4, 2014 to August 8, 2014. (Id.). He clarified that this notice stated estimated audit results due to the fact that Metro failed to comply with the audit requirement. (Id.). He explained that Travelers must close the audit within sixty (60) days of the cancellation and in Metro's case, Travelers closed it

out with estimated information. (Id.). Mr. Lukes testified about how the estimates are formulated to create an even audit, which attempts to avoid a return premium or additional premium. (Tr. pp. 64-65). Mr. Lukes testified that the estimated audit figures are formulated in a system created by Travelers' IT department. (Tr. pp. 65-66).

Mr. Lukes testified that based on the estimated audit, Metro was billed \$128.00. (Tr. pp. 67-68). The bill was issued on November 5, 2014 and payment was due on November 20, 2014. (Tr. p. 68). He stated that the amount due was for the policy period of April 4, 2014 to April 4, 2015. (Tr. p. 69). Mr. Lukes testified that the payment of the \$128.00 would satisfy the monetary obligation, but not the interim audit requirement and thus the cancellation would remain effective as of August 8, 2014. (Tr. p. 70).

Mr. Lukes then testified that a second premium adjustment notice was mailed to Metro and included a revised cancellation generated based on actual figures provided by Metro pertaining to their payroll. (Tr. pp. 75-76). The revised notice maintained the same cancellation period from April 4, 2014 to August 8, 2014. (Tr. p. 76). Mr. Lukes explained that a new bill was issued on January 7, 2015 after the revised notice was issued which billed Metro \$2,095.00 in additional premium based on actual payroll figures. (Tr. p. 77).

On cross-examination by Claimant's counsel, Mr. Lukes testified that he had never directly spoken to Claimant or his agent, nor was he the actual underwriter for Claimant's policy. (Tr. p. 79). Mr. Lukes testified that NCCI was the SC Assigned Risk plan administrator which assigned the policy to Zurich, which in turn is sent over to Travelers for issuance and underwriting. (Tr. pp. 81-82). Mr. Lukes testified that he reviewed the July notice and based on his review, he had the belief that prior attempts had been made to Metro from Travelers to comply with the audit requirement. (Tr. pp. 82-83). Mr. Lukes clarified that he did not have access to any documents except for documentation included in Metro's file. (Tr. p. 83). Mr.

Lukes testified that Metro's policy would have been reinstated if it would have satisfied the audit requirement. (Tr. p. 85). He stated that Metro paid both bills issued by the insurer, but had no proof of timely compliance with the audit requirement. (Tr. pp. 91-92). Mr. Lukes explained that the language in the notices, sent after cancellation, does not imply that the policy was still in effect. (Tr. p. 90). He also stated that all records of contact with Metro would be in the Travelers' Audit Department records. (Tr. p. 93).

On cross-examination by counsel for the SCUEF, Mr. Lukes explained that a form 941 is a report of the employer's quarterly federal tax return. (Tr. p. 96). He states that this form is usually required as a part of the audit. (Id.). Mr. Lukes testified that upon review of Metro's 941 form, signed and dated by Claimant on August 20, 2014, he noted that the form appeared much later in his file, showing January 2015 as the time of receipt. (Tr. pp. 97-98). Mr. Lukes explained that Metro was subject to two separate types of audits. (Tr. p. 99). He stated that the preliminary audit is a physical audit which requires that Metro make an appointment to meet up and provide wage reports, payroll records, which would include the 941 or annual tax return. (Id.). After cancellation of the policy, the second type of audit was a cancellation audit, which is performed as a result of noncompliance. (Id.).

On cross-examination by counsel for Metro, Mr. Lukes testified that the policy contract states that Metro would be subject to an audit. (Tr. pp. 106-107). He explained that no deadline for compliance is stated in the policy contract, but that Metro is subject to the policy provisions as well as the additional documentation that is sent during the policy cycle. (Tr. p. 108). Mr. Lukes testified that he could not affirmatively state that the cancellation of coverage complied with South Carolina law as such a judgement was outside of his role. (Tr. pp. 109-111). Mr. Lukes confirmed his knowledge of a June 2014 worker's compensation claim by an employee of Metro named William Rogers and testified that the premium audit was not initiated as a result of

this employee's claim. (Tr. p. 112). Mr. Lukes reiterated that the decision to cancel the policy was due to noncompliance with the preliminary audit requirement only. (Tr. pp. 112-113). Mr. Lukes testified that the July 4, 2014 cancellation was a form letter that communicated the insured's intent to cancel Metro's policy. (Tr. pp. 114-119). He stated that language in the notice that advised Metro to disregard the notice, if Metro had already complied with the audit was a two-step disclaimer that only applied if the letter was sent after Metro had complied with the prior notices. (Tr. pp. 122-124). Mr. Lukes clarified that language in the three notices sent to Metro after cancellation, which stated that the policy "may" be cancelled, is due to the possibility of reinstatement anticipated by the insurer. (Tr. pp. 126-128). He clarified that the automated system will use the word "may" because it lacks knowledge to see if there is subsequent coverage in place (Tr. pp. 128-130).

On redirect by counsel for Zurich, Mr. Lukes reiterated that he represents the Underwriting department only. (Tr. p. 137). He stated that the preliminary audit notice was for the policy period of April 4, 2014 to April 4, 2015, but the final audit or cancellation audit was for the policy period of April 4, 2014 to August 8, 2014. (Tr. pp. 139-143). On re-cross by Claimant's counsel, Mr. Lukes testified that Metro was subject to the language of the policy and that the insurer reserved three (3) years to go back and perform an audit. (Tr. p. 146). Mr. Lukes testified that the first and second quarter payroll information was due from Metro for the audit based on the initial July notice. (Tr. pp. 148-149). On re-cross by counsel for the SCUEF, Mr. Lukes testified that the Audit Department could provide information on whether an invitation to complete an audit or make an audit appointment. (Tr. pp. 150-151). On further re-direct by counsel for Zurich, Mr. Lukes testified only as to Metro receiving notice of non-compliance with the audit prior to NCCI receiving notice. (Tr. pp. 152-153).

Claimant Gregg Long

During the second day of the hearing, Claimant testified on his own behalf. (Tr. p. 173). On direct examination by Claimant's counsel, Claimant testified that he is 59 years old with an 11th grade education. (Id.). He confirmed that his address is 2550 Horne Road, Leesville, South Carolina and he is sole owner and employee at Metro Construction. (Id.).

Claimant testified that he had a work-related accident before that resulted in a worker's compensation insurance claim and that he was injured, based on this present claim, in November 2014. (Tr. p. 174). Claimant testified that his business is mainly construction, infrastructure, sewer, water, storm drains, and roll buildings. (Id.). Claimant stated that he was injured while disposing of chemicals. (Tr. pp. 174-175). He testified that the chemicals were to be disposed by burning and an explosion was caused as a result. (Tr. p. 175). He testified that burning complied with the guidelines for disposing of these chemicals and he has performed this task over 20 times. (Id.). He testified that the disposal method is governed by the South Carolina Fire Marshall. (Id.).

Claimant stated that as a result of the explosion his skull, left thigh, left calf, lungs, eyes, skin, left eardrum, and stomach were severely injured due to burns and lodged debris. (Tr. pp. 175-176). He testified that he has lost his hearing in his left ear and can hear about 20 percent in his right ear. (Id.). Claimant testified that he is not done being treated and has over two-million dollars in medical bills. (Tr. p. 176). He testified that some of his bills have been covered by his health insurance provider and the others are outstanding. (Tr. p. 179). He explained that his healthcare provider went bankrupt and denied any further claims after initial coverage. (Tr. pp. 179-180). Claimant testified that he was airlifted to Palmetto Richland Hospital and then transported to the August Burn Center in Augusta, Georgia. (Tr. p. 181).

Claimant stated that it was his understanding that Zurich denied his worker's compensation claim because his company's policy was cancelled. (Tr. p. 182). Claimant testified that he received the notice of noncooperation dated July 5, 2014. (Tr. pp. 182-183). Claimant denied receiving any documents or phone calls from Zurich prior to July 5, 2014. (Tr. p. 183). He testified that he paid about \$18,000.00 as an upfront payment of his initial premium and received about \$2,000.00 in a refund from Zurich. (Tr. pp. 184-185). He stated that Zurich was provided with financial information prior to payment of the premium. (Id.). Claimant testified that upon receipt of the July 5th notice, that he instructed his bookkeeper to gather information for submission to Zurich. (Tr. p. 186). Claimant testified that he also received the August 2014 notice with the August 8, 2014 date of cancellation. (Id.). Claimant stated that he thought that if he complied, that his policy could be reinstated. (Id.). Claimant testified that he submitted the required payroll information on August 20, 2014 and believed that this was sufficient to reinstate his policy. (Tr. pp. 186-187).

Claimant testified that he had been in business since 1999, 18 years, and had never before applied for an assigned worker's compensation policy. (Tr. p. 187). He had never had an audit in the middle of the policy cycle and usually paid the premium upfront and had an audit at the yearend of the policy term. (Tr. p. 188). Claimant testified that by October 2014, when he received another notice about the audit, he thought that he had already complied with the audit requirement and thus disregarded the notice. (Tr. pp. 189-190). Claimant testified that he paid the \$128.00 bill and the \$2,095.00 bill assessed by Zurich in full. (Tr. pp. 190-191). Claimant testified that he had no idea that an audit would be initiated within 90 days of issuance and felt that the timing of the audit was unreasonable because his company was not prepared for the audit. (Tr. p. 192). He noted that this also was the reason for his delay in returning the audit information. (Id.). Claimant demanded payment of all medical bills, present and future,

attorney's fees, and a pain and suffering award. (Tr. p. 193). He testified that he got out the hospital on January 7th or 8th and continued to receive partial paychecks from Metro. (Tr. p. 196).

On cross-examination by counsel for the SCUEF, Claimant testified that he earned \$10,820.00 in 2014 and \$43,000.00 in 2013. (Tr. pp. 200-202). He stated that he worked up until November 2014, the date he was injured. (Tr. p. 202). Claimant testified that he is the President of Metro and sole officer, starting the company with a personal loan. (Tr. p. 203). Claimant testified that he does not have shareholders meetings, keep minutes, but he keeps a separate account from his personal funds. (Tr. p. 204). He testified that he only reported \$43,000.00 in 2013 because he was in an accident with a drunk driver while in a company truck. (Tr. p. 205). He explained that he was out of work and when he returned only earned a partial salary. (Id.). Claimant filed a worker's compensation claim on this accident in October 2013 and was out until the end of the year. (Tr. p. 206). He stated that he received temporary total benefits and was paid by the Commission weekly checks for October, November, and December 2013. (Tr. pp. 206-207). Claimant testified that Metro's address is 2526 Caney Branch Road in Leesville, South Carolina and that Metro pays him rent of \$1,000.00 a month which is currently being paid out. (Tr. pp. 207-208). Claimant testified that he has made about \$12,000.00 a year from income from the corporation. (Tr. p. 208). He testified that Metro also uses his personal farm equipment at no cost. (Tr. p. 210). Claimant testified that Metro was in forfeiture after the accident. (Tr. pp. 210-212). Claimant also testified that he entered into a compliance agreement with the Commission and paid a fine in lieu of a hearing with the Commission. (Tr. pp. 212-215).

On cross-examination by counsel for Zurich, Claimant testified that his bookkeeper at the time of the accident was named Salina. (Tr. p. 218). He explained that she handled records including records of communication. (Tr. p. 219). He testified that she would have spoken to the insurance agent regarding cancellation due to noncompliance. (Tr. pp. 220-221). He testified that

he received, but failed to read, the premium audit tips included with Metro's policy. (Tr. pp. 225-226). Claimant testified that he received an August 21, 2014, letter from his agent that his policy was expired and would need to be rewritten and confirmed that he submitted the 941 form on August 20, 2014. (Tr. pp. 227-229). Claimant stated that his email address used for billing purposes was 'Metrocon@comporium.net' and that emails from Bonita Rabon, on behalf of the insurance agent, would go to that email address. (Tr. pp. 230-231). He stated that his bookkeeper, Salina, would report to him about their correspondence including cancellation and audit-related correspondence from Ms. Rabon. (Tr. p. 232).

On cross-examination by counsel for Metro, Claimant testified that Metro's employee William Roger had a worker's compensation claim that was paid. (Tr. pp. 234-235). Claimant also testified as to his family history of injury. (Tr. pp. 236-238). Claimant testified that Metro engages in inherently dangerous activity that involves a lot of risk and that he created a corporation to shield himself personally from liability along with tax benefits. (Tr. pp. 238-240). He testified that he has always received a W-2 as an employee and complied with Federal and State requirements as well as submits to Fire Marshall Inspections and obtains permits issued to Metro only. (Tr. pp. 242-244). Claimant testified that his activities on November 20, 2014 were done under a permit issued to Metro and he was paid as an employee on that same day. (Tr. p. 245). On cross-examination by counsel for the South Carolina Workers' Compensation Uninsured Employer's Fund, Claimant testified that he went into forfeiture on March 3, 2014 and was reinstated December 14, 2016. (Tr. p. 246). On redirect by Claimant's counsel, Claimant testified that he thought the reinstatement would operate retroactively as if he was never in forfeiture. (Tr. p. 248).

FULL COMMISSION REVIEW

Following the March 13, 2018 hearing, the Single Commissioner made the following findings of fact and conclusions of law:

FINDINGS OF FACT

After reviewing the Commissioner's file, the APA submissions, the exhibits and depositions, this Commissioner makes the following findings of fact and conclusions of law by a clear preponderance of evidence on the record as a whole. It is found as fact as follows:

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, and that this Commissioner has jurisdiction over the parties and subject matter. Further that venue is proper per the parties' stipulation. I base this finding on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

2. I find that these matters were heard before the undersigned on March 13, 2018 pursuant to the Claimant's Form 50 and Defendants' Form 51s. I base this finding on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

3. I find that the Claimant's average weekly wage is \$1,000.00 and his compensation rate is \$666.17. I further find that Mr. Long testified that he had been paid \$1,000.00 per week since about 2012 until he had a prior worker's compensation accident in 2013. (Tr. p. 204, line 20 - p. 205, line 12) Moreover, I find that his 2013 personal tax return showed a gross income of approximately \$47,800.00 and that the Claimant's W2 for 2013 showed income of \$43,000.00. (Defendant Fund APA pgs. 748 - 749 and 820) I base these findings on the testimony of the Claimant, the APA Submissions and Exhibits.

4. I find that the Claimant, Giles Gregory Long, has been an employee and the owner of Defendant Metro Construction Company, Inc. since 1999 and that he is 58 years old

with an eleventh-grade education. (Tr. p. 187, line 22) I base this finding on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

5. I find that the Claimant has established by a preponderance of the evidence that he sustained a work-related injury on November 20, 2014 while working in the course and scope of his employment with Defendant Metro. (Tr. p. 174, lines 11 - 13) I base this finding on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

6. I find that the Claimant provided timely notice of his work-related accident to Defendant Metro and Defendant Zurich via Form 50 on February 26, 2015. I further find that Defendant Zurich denied coverage of this claim alleging that the policy had been cancelled for failing to provide audit information. Claimant then properly filed a form 50 on Defendant Fund on March 12, 2015. I further find that Defendant Fund moved to add Defendant Zurich as a party on April 7, 2016 and that the Commission granted this motion pursuant to an order dated April 19, 2017. I base these findings on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

7. I find that the Claimant has alleged that he sustained work-related injuries to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin. Specifically, I find that the Claimant sustained extensive burns to his abdomen, chest, bilateral upper and lower extremities and face as well as a soft-tissue avulsion to the left lower extremity, a left open tibia-fibula fracture, multiple facial injuries, extensive orbital and maxillary sinus wall fractures, respiratory failure, pulmonary contusions and bilateral corneal abrasions. Claimant also suffered skin loss and scarring while

working in the course and scope of his employment with Defendant, Metro Construction, Inc. (APA pgs. 1-3, 13, 14, 16, 38, 45, 62 and 194) I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

8. I find that the Claimant received extensive medical treatment for his work-related injuries at various medical facilities including, but not limited to, the Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital). I further find that this medical care was necessary to treat the Claimant's pulmonary, respiratory, hearing and digestive injuries as well as for the injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin loss and scarring. (APA pgs. 1 - 741) I base these findings on the admissions and stipulations of the Parties in their briefs and pleadings, the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the evidence in the file.

9. I find that Claimant has not reached maximum medical improvement and that determination of permanency is premature. (Tr. p. 193, lines 14 - 17) I further find that the Claimant requires additional medical care to treat the injuries to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin and scarring. (Claimant APA pgs. 1-3, 13, 14, 16, 38, 45, 62, and 194) I base these findings upon the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

10. I find that the Claimant completed an application with Defendant Zurich for a worker's compensation policy providing coverage from April 4, 2014 to April 4, 2015. (Defendant Fund, APA pgs. 826 - 829) I further find that Defendant Zurich issued a worker's compensation and employers liability policy, number 6ZZUB-2E14299-A-14 dated May 8,

2014. (Defendant Zurich APA pgs. 748 - 801) This policy was an assigned risk plan and contained information on completing a premium audit, cancelling the policy as well as reporting an accident covered under the policy. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

11. I further find that the Claimant paid the entire premium charge of \$15,928.00 for the assigned risk plan, policy number 6ZZUB-2E14299-A-14. (Tr. p. 57, lines 10 – 12, p. 185, lines 6 - 14) I further find that Mr. Long initially paid his insurance agent the sum of \$18,025.00 for the policy based on the carrier's initial assessment. (Claimant's Exhibit B) Mr. Long then received a refund shortly thereafter for the over-payment. (Tr. p. 184, lines 17 – 19, p. 185, lines 12 – 14) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

12. I find that Defendant Zurich alleges that its policy with the Claimant (number 6ZZUB-2E14299-A-14) was cancelled on August 8, 2014 for failure to comply with the audit and for a substantial breach of contractual duty, conditional warranty under Section 38-75-730(A)(4). (Tr. p. 28, line 18 – p. 29, line 7, p. 54, lines 5 – 9, p. 61, lines 8 - 12) I base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

13. I find that Defendant Zurich mailed a notice of cancellation to Defendant Metro and its agent on July 4, 2014 for "failure to audit payroll or permit an audit" indicating an effective date of cancellation of August 8, 2014. (Defendant Zurich APA p. 802). I further find the Defendant Zurich's witness, Timothy Lukes, testified that the July 4, 2014 notice of cancellation was also sent

to NCCI. (Tr. p. 114, lines 7 – 12, p. 125, lines 11 – 18, 133, lines 15 - 18) I further find Defendant Zurich provided the proof of NCCI cancellation received on July 7, 2014, showing a cancellation reason of “failure to comply with the terms & conditions or audit failure” and a cancellation effective date of August 8, 2014. (Defendant Zurich APA p. 805) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

14. I find that Defendant Zurich mailed a notice of non-cooperation with preliminary audit to the Claimant and Metro Construction on July 5, 2014. (Defendant Zurich APA p. 804) I base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

15. I find that although the July 5, 2014 notice of non-cooperation with preliminary audit letter refers to prior attempts to collect financial information from the Claimant, that no documentation confirming these efforts could be provided by Defendant Zurich. Specifically, I find that Timothy Lukes stated that he was unaware of any prior letters sent to Mr. Long as documented in his file and that the Claimant testified that he had not received any requests for financial information by Defendant Zurich prior to the July 5, 2014 letter. (Tr. p. 114, lines 7 – 12, p. 125, lines 11 – 18, 133, lines 15 – 18, Tr. p. 149, line 24 – p. 150, line 1, p. 192, lines 7 - 14) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

16. I find that the Claimant received the July 5, 2014 notice of non-cooperation with preliminary audit letter from Defendant Zurich. I further find that Mr. Long contacted his insurance agent and informed her of his efforts--and difficulties--to provide the requested payroll

information. (Tr. p. 186, lines 2 -4, p. 222, lines 12 – 15, Defendant Fund APA p. 892) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

17. I find that after the policy was allegedly cancelled by Defendant Zurich on August 8, 2014, it mailed a notice of non-cooperation with preliminary audit letter to the Claimant and Metro Construction on October 23, 2014. (Defendant Zurich APA p. 811) I further find that the policy term specified in the October 23, 2014 letter was “4/4/14 to 4/4/15” and stated that “failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy.” I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

18. I find that the language in the October 23, 2014 notice of non-cooperation with preliminary audit letter sent to the Claimant and Metro Construction could reasonably be construed—and was construed by Mr. Long—that his worker’s compensation policy was still in effect. Specifically, I find that the statement “failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy” was interpreted by the Claimant that policy coverage was in effect. (Defendant Zurich APA p. 811, Tr. p. 190, lines 6 - 9) I base these findings upon the Claimant’s testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

19. I find that after the policy was allegedly cancelled by Defendant Zurich, it mailed the Claimant an earned premium notice requesting an additional payment of \$128.00 on

November 5, 2014. I further find that the policy term specified in the November 5, 2014 letter was "4/4/14 to 4/4/15" and that the Claimant paid this bill in full. (Defendant Zurich APA p. 817, Tr. p. 69, lines 11 – 13 and p. 91, lines 5 – 16) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

20. I find that on January 7, 2015 and on January 26, 2015 Defendant Zurich sent the Claimant two earned premium notices requesting an additional payment of \$2,095.00. (Defendant Zurich APA pgs. 823 and 825) I find the Claimant paid this bill in full. (Tr. p. 91, lines 5 – 16) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

21. I find that language in the Defendant's earned premium letters requesting an additional \$2,095.00 payment was confusing and could cause Mr. Long to believe that he still had coverage under the workers compensation contract. Specifically, I find that Timothy Lukes agreed under cross-examination that the letters stated "if you don't want coverage to be canceled you need . . . to do certain things." (Tr. p. 129, lines 4 – 21, Defendant Zurich APA pgs. 823 and 825) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

22. I find that the Claimant signed a Compliance Agreement with the S.C. Workers Compensation Commission acknowledging that Metro Construction did not have workers' compensation coverage for the period of August 8, 2014 through December 16, 2014 and that a \$1,000.00 penalty was paid to the S.C. Workers Compensation Commission. (APA pgs. 917, 918 and 941) However, I find that the Compliance Agreement specifically states that "executing this agreement does not nullify any defenses the Employer may have for any claim." Therefore, I

find that the Compliance Agreement does not bind the Claimant or prevent him from asserting that coverage was in effect during the afore-stated period. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

23. I find that Defendant Fund alleges that either Defendant Zurich is responsible for the Claimant's damages or, conversely, that Mr. Long is responsible for his medical bills and damages. Defendant Fund argues that the Claimant—as the owner of Metro Construction—continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. In support of this argument Defendant Fund filed a motion with the Commission to add Mr. Long as a Defendant in his personal capacity. On April 19, 2017, Commissioner Aisha Taylor ruled in favor of the Claimant and denied Defendant Fund's motion to add Gregory Long individually as a Defendant. Moreover, I further find that Defendant Fund's appeal to the Full Commission was denied on May 15, 2017 as Commissioner Taylor's ruling was considered interlocutory and not subject to further appeal. I also find that Defendant Fund's reliance on Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) does not apply to the facts of this case and is not controlling. Specifically, while the corporation in Moore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provision under S.C. Code Ann. Section 33-14-220, Defendant Metro's previous dissolution is treated as if it never had occurred. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

24. I find that Defendant Fund also asserts that the Claimant is not entitled to its protections by alleging that the Mr. Long--as owner of Metro Construction--should have pursued coverage elsewhere following policy termination with Defendant Zurich. I find that this argument fails because Mr. Long brought this claim against Defendant Fund in his capacity as an employee of Metro Construction pursuant to Section 42-7-200 (B). I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

25. I find that the testimony of Timothy Lukes was unclear regarding as to when the 941 form submitted by the Claimant was in the file. Mr. Lukes stated on two occasions that he had not seen the 941 document in "our files." (Tr. p. 84, lines 16 - 21, p. 92, lines 1 - 11) However, Mr. Lukes later testified that the 941 form was received in early January 2015. (Tr. p. 97, line 14 - p. 98, line 6, p. 136, lines 5 - 15) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

26. I find that witness Timothy Lukes was not aware of any actions the Claimant made to comply with the audit and that he never spoke to Mr. Long. (Tr. p. 92, lines 12 - 15, p. 94, lines 3 - 9) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

27. I find that Timothy Lukes did not know if Defendant Zurich had made any attempts to assist the Claimant in completing the audit. (Tr. p. 93, lines 12 - 17) I further find that Defendant Zurich did not offer the Claimant any assistance in completing its audit. (Tr. p. 183, lines 14 - 17) I base these findings on the testimony of the witnesses, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

28. I find that Timothy Lukes understood that he was present at the hearing to give testimony on behalf of Defendant Zurich and that he admitted his testimony could bind Defendant Zurich. (Tr. p. 105, lines 9 – 16) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

29. I find that Timothy Lukes admitted that the language in the July 4, 2014 notice of cancellation was confusing or ambiguous. Specifically, in response to whether the language of notice of cancellation was meant to confer an intent to cancel rather than a notice of cancellation, Mr. Lukes responded, “I don’t know that anybody would understand language like that if we did put it in there.” (Tr. p. 119, lines 18 – 22, p. 120, lines 6 - 9) I further find that Mr. Lukes agreed that the notice of cancellation was confusing and would cause the Claimant to believe that there was nothing he could do to solve the problem by testifying, “Well, that’s why we (Defendant Zurich) send the second letter (referring to the July 5, 2014 notice of non-cooperation with preliminary audit) (Tr. p. 121, lines 6 – 14, Defendant Zurich APA p. 803) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

30. I find that Timothy Lukes’s testimony was unclear as to what financial information the Claimant needed to provide Defendant Zurich regarding its audit. Specifically, when queried by Defendant Zurich’s attorney whether the 941 information provided by Mr. Long would have been sufficient for the audit, Mr. Lukes testified that he didn’t know, and only “someone from the Audit Department” would know. (Tr. p. 136, line 19 – p. 137, line 11) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

31. I find that Giles Long believed he had provided the requested payroll information required by Defendant Zurich, paid all required premiums on time, and that he believed coverage was in effect at the time of his work-related accident. I further find that Mr. Long believed the non-compliance letter from Defendant Zurich dated October 23, 2014 meant that coverage was in effect. (Tr. p. 190, lines 6 – 25, p. 191, lines 13 - 18) I base these findings on the demeanor of the Claimant, my view of his testimony during the hearing and the APA Submissions and Exhibits.

32. I find that the actions taken by the carrier, Defendant Zurich, and the letters and correspondence sent by the carrier to the Employer, were confusing as to what was required of the Employer, when it was required and what would happen if the information was not provided as requested. I further find that the Employer fully paid all premiums as required and reasonably and substantially complied with all requests for additional information. Simply put, the Employer paid for coverage and was entitled to coverage, the efforts of the Carrier to cloud the issue notwithstanding. Defendant Zurich should not be permitted to take unfair and unwarranted advantage of any confusion that the carrier itself created. I base these findings on the testimony of the witnesses, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

33. I find that the Claimant did not commit a substantial breach of the contract pertaining to the audit requirement under the workers compensation policy, number 6ZZUB-2E14299-A-14 or under Section 38-75-730(A)(4). Specifically, I find that Mr. Long paid his initial premium in full; continued to provide payroll/financial information to the carrier and timely paid premium charges upon receipt. Moreover, Timothy Lukes, as a senior underwriter for Defendant Zurich, testified that there was no deadline specified in the policy contract as to when the Claimant needed to provide the requested audit information. (Tr. p. 107, line 8 – p. 108, line 1, p. 145, lines 3 – 9, Tr. p. 145, line 18 – p. 146, line 23) I base these findings on the testimony of the witness, the

APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

34. I find that Timothy Lukes could not state if Defendant Zurich's cancellation of the insurance policy was done in compliance with South Carolina law. (Tr. p. 111, lines 6 – 11) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

35. I find that the policy provided by Defendant Zurich (policy number 6ZZUB-2E14299-A-14) was not cancelled and that coverage was in effect on November 20, 2014 when the Claimant suffered injuries while working in the course and scope of his employment. I further find that Defendant Zurich is responsible for providing all benefits to the Claimant that he is entitled to under the S. C. Workers' Compensation Act. I base these findings upon the testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

36. I find that the Claimant has accumulated over two-million dollars in causally-related medical expenses as a result of his work-related accident and that Defendant Zurich is responsible for all past and continuing medical care and bills pursuant to S.C. Code Section 42-15-60(A). This treatment includes all causally-related medical expenses and bills from the following healthcare providers including, but not limited to: Palmetto Health Richland Hospital and Doctor's Hospital. I further find that the Defendant Zurich should reimburse the Claimant and his health insurance carrier for all past causally-related medical expenses and bills that have been paid. (APA pgs. 600 – 741, Tr. p. 179, lines 13 -15) I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

37. I find that the Claimant was unable to work from November 21, 2014 until October

31, 2015 due to his work-related accident (49.2857 weeks). Therefore, I find that Defendant Zurich is responsible for paying past temporary total benefits to the Claimant for this period at his compensation rate of \$666.17. I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

38. I find that if Defendant Zurich had not been the appropriate party responsible for paying the Claimant's medical expenses and other benefits provided under the South Carolina Workers Compensation Act, then Defendant Fund would be responsible for providing these benefits. I further find that the S.C. Uninsured Employers' Fund was created to ensure payment of workers' compensation benefits to injured employees whose employers have failed to acquire necessary coverage for employees. S.C. Code Section 42-7-200 (Law Co-op, 1976) as amended. Hence, if Defendant Zurich had properly cancelled the policy with Metro Construction, then the Claimant would have been entitled to pursue a claim with the SC Workers' Compensation Uninsured Employers' Fund. I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

39. I find that the Claimant's testimony at the hearing was strong and clear. I further find that during his hearing, Mr. Long became very emotional and stated that this situation had created a very tough time in his life. (Tr. p. 191, lines 13 - 23) I base this finding on the demeanor of the Claimant, my view of his testimony during the hearing and the APA Submissions and Exhibits.

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of this Commissioner that:

1. This Commissioner has jurisdiction in the case since jurisdiction, venue, and all issues of notice in this case have been stipulated as being proper.

2. It is the conclusion of this Commissioner that the following sections of the Workers'

Compensation Act and case law are applicable to this case:

- A. Section 42-1-110 defines "Compensation";
- B. Section 42-9-30 defines "Compensation and Disability For Certain Injuries";
- C. Section 42-1-40 defines "Average weekly wage";
- D. Section 42-15-60 governs "Medical";
- E. Section 42-9-10 governs "Compensation For Total Disability";
- F. Section 42-9-170 governs amount of compensation for permanent injury;
- G. Section 42-9-20 defines "Amount of Compensation for Partial Disability";
- H. Section 42-1-160 defines "Injury and Personal Injury"
- I. Section 42-1-120 defines "Disability"
- J. Section 42-7-200 defines "Expenditures from Fund"
- K. Section 42-1-170 defines "Employees Notice of Claim"
- L. Section 42-5-80 defines "Liability of Insurer"

3. I find, hold and conclude that the physicians and healthcare providers with Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital) provided authorized medical care to the Claimant. I further find that pursuant to Section 42-15-60, the Defendants have the right to direct the Claimant's ongoing and future medical care for all causally-related treatment including all necessary diagnostic tests and referrals.

4. I find that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs. Additionally, I find that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his skin and scarring as a result of burns to his body.

5. I find that there has been no violation of Section 38-75-730(A)(4) in this case. Specifically, Section 38-75-730(A)(4) states a carrier may cancel an insurance policy if the insured commits substantial breaches of contractual duties, conditions, or warranties. I find that the Claimant did not commit a substantial breach of his contractual duties, conditions or warranties of the contract with Defendant Zurich.

6. I find that the Claimant is not at maximum medical improvement and is in need of additional medical treatment for his work-related injuries and that Defendant Zurich shall provide reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital and other treatment or care pursuant to Section 42-15-60(A).

7. I find that Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) which is relied upon by Defendant Fund is both unpersuasive in this application and, as a matter of law, not binding as arising from another jurisdiction. I find that it is inapplicable to the facts of this case and is not controlling. Specifically, while the corporation in Moore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provisions under S.C. Code Ann. Section 33-14-220, Defendant Metro's previous dissolution is treated as if it never had occurred.

8. Per Claimant's memorandum, I find that Crews v. W.R. Crews, Inc., 390 S.C. 15 699 W.E.d2d 189 (Ct. App. 2010), holds that a carrier is to adopt a flexible approach when dealing with an insured who is unable to strictly comply with the policy terms but is making reasonable efforts to do so.

9. I find that S.C. Code Ann. Section 42-1-40 defines "Average weekly wages." I further find that this section states that when exceptional reasons exist, that other methods of computing average weekly wages may be resorted to as will most nearly approximate the amount the injured employee would be earning if not for the injury.

10. I find that S.C. Code Ann. Section 42-5-80(B) states that the insurance agreement must be construed as a direct promise to pay from the carrier to the Claimant.

11. I find that there is no statute, regulation or binding case law or S.C. Workers Compensation Commission precedent that provides for the Commission to treat a Claimant who

happens to be the business owner, such as Mr. Long, differently from a Claimant that does not own the business.

DECISION OF THE FULL COMMISSION

Based upon its review of the record, the briefs of the parties, and the arguments of counsel, the Appellate Panel of the Full Commission finds that the Single Commissioner erred in finding Zurich to be the responsible carrier in this case. The Appellate Panel carefully considered the matter and **Affirms in Part, Reverses in Part** the decision and order of the Single Commissioner. As set forth below, there was a substantial breach of the contract by Metro, and the policy was properly terminated. Metro did not comply with Sections F and G of the policy. Metro did not contact the Carrier prior to the termination of the policy. Moreover, the actions of the parties subsequent to the breach did not constitute a reinstatement of the policy.

Following the March 13, 2018 hearing, and based on the record as a whole, the briefs of the parties, and the arguments of counsel, the Appellate Panel makes the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, and that this Commissioner has jurisdiction over the parties and subject matter. Further that venue is proper per the parties' stipulation. This finding is based on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

2. We find that these matters were heard before the Single Commissioner on March 13, 2018 pursuant to the Claimant's Form 50 and Defendants' Form 51s. This finding is based on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

3. We find that the Claimant's average weekly wage is \$1,000.00 and his compensation rate is \$666.17. We further find that Mr. Long testified that he had been paid \$1,000.00 per week since about 2012 until he had a prior worker's compensation accident in 2013. (Tr. p. 204, line 20 – p. 205, line 12) Moreover, we find that his 2013 personal tax return showed a gross income of approximately \$47,800.00 and that the Claimant's W2 for 2013 showed income of \$43,000.00. (Defendant Fund APA pgs. 748 – 749 and 820) We base these findings on the testimony of the Claimant, the APA Submissions and Exhibits.

4. We find that Claimant, Giles Gregory Long, has been an employee and the owner of Defendant Metro Construction Company, Inc. since 1999 and that he is 58 years old with an eleventh-grade education. (Tr. p. 187, line 22) We base this finding on the stipulations and admissions of the Parties, Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

5. We find that Claimant has established by a preponderance of the evidence that he sustained a work-related injury on November 20, 2014 while working in the course and scope of his employment with Defendant Metro. (Tr. p. 174, lines 11 - 13) We base this finding on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

6. We find that the Claimant provided timely notice of his work-related accident to Defendant Metro and Defendant Zurich via Form 50 on February 26, 2015. We further find that Defendant Zurich denied coverage of this claim alleging that the policy had been cancelled for failing to provide audit information. Claimant then properly filed a form 50 on Defendant Fund on March 12, 2015. We further find that Defendant Fund moved to add Defendant Zurich as a party on April 7, 2016 and that the Commission granted this motion pursuant to an order dated April 19, 2017. We base these findings on the stipulations and admissions of the Parties, the Claimant's

uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

7. We find that the Claimant has alleged that he sustained work-related injuries to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin. Specifically, we find that the Claimant sustained extensive burns to his abdomen, chest, bilateral upper and lower extremities and face as well as a soft-tissue avulsion to the left lower extremity, a left open tibia-fibula fracture, multiple facial injuries, extensive orbital and maxillary sinus wall fractures, respiratory failure, pulmonary contusions and bilateral corneal abrasions. Claimant also suffered skin loss and scarring while working in the course and scope of his employment with Defendant, Metro Construction, Inc. (APA pgs. 1-3, 13, 14, 16, 38, 45, 62 and 194). We base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

8. We find that the Claimant received extensive medical treatment for his work-related injuries at various medical facilities including, but not limited to, the Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital). We further find that this medical care was necessary to treat the Claimant's pulmonary, respiratory, hearing and digestive injuries as well as for the injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin loss and scarring. (APA pgs. 1 - 741) We base these findings on the admissions and stipulations of the Parties in their briefs and pleadings, the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the evidence in the file.

9. We find that Claimant has not reached maximum medical improvement and that determination of permanency is premature. (Tr. p. 193, lines 14 - 17) We further find that the Claimant requires additional medical care to treat the injuries to his pulmonary, respiratory, hearing

and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin and scarring. (Claimant APA pgs. 1-3, 13, 14, 16, 38, 45, 62, and 194) We base these findings upon the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

10. We find that the Metro completed an application with the NCCI for an assigned risk worker's compensation policy and was assigned by the NCCI to Defendants Zurich, which was to issue a worker's compensation policy effective April 4, 2014 to April 4, 2015. (Defendant Fund, APA pgs. 826 - 829) We further find that Defendant Zurich actually issued said worker's compensation and employers liability policy, number 6ZZUB-2E14299-A-14 on May 8, 2014. (Defendant Zurich APA pgs. 748 - 801) The policy contained information on completing a premium audit, cancelling the policy, as well as reporting an accident covered under the policy. We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

11. We further find that the Metro paid the entire estimated premium charge of \$15,928.00 for the assigned risk policy, policy number 6ZZUB-2E14299-A-14. (Tr. p. 57, lines 10 - 12, p. 185, lines 6 - 14) We further find that Metro paid Metro's insurance agent the sum of \$18,025.00 for the policy based upon the initial estimated premium. (Claimant's Exhibit B) Metro then received a refund shortly thereafter for the over-payment. (Tr. p. 184, lines 17 - 19, p. 185, lines 12 - 14) We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

12. We find that Defendant Zurich alleges that its policy with Metro (number 6ZZUB-2E14299-A-14) was cancelled on August 8, 2014 for failure to comply with the audit and for a substantial breach of contractual duty, conditional warranty under Section 38-75-730(A)(4). (Tr. p. 28, line 18 – p. 29, line 7, p. 54, lines 5 – 9, p. 61, lines 8 - 12) We base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

13. We find that Defendant Zurich mailed a notice of cancellation to Defendant Metro and its agent on July 4, 2014 for “failure to audit payroll or permit an audit” with an effective date of cancellation of August 8, 2014. (Defendant Zurich APA p. 802). We further find the Defendant Zurich’s witness, Timothy Lukes, testified that the July 4, 2014 notice of cancellation was also sent to NCCI. (Tr. p. 114, lines 7 – 12, p. 125, lines 11 – 18, 133, lines 15 - 18) We further find Defendant Zurich provided the proof of NCCI cancellation received on July 7, 2014, showing a cancellation reason of “failure to comply with the terms & conditions or audit failure” and a cancellation effective date of August 8, 2014. (Defendant Zurich APA p. 805) We base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

14. We find that Defendant Zurich mailed a notice of non-cooperation with preliminary audit to the Claimant and Metro Construction on July 5, 2014. (Defendant Zurich APA p. 804) We base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

15. We find that terms of the policy issued to Metro are clear and unambiguous. The policy states that the insured has an obligation to maintain records to compute the premium and the insurer has the right to perform an audit. Specifically, the policy provides in pertinent part:

Part Five – Premiums

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium.

Furthermore, mailed with the policy are Premium Audit Tips which provide instructions and answers to commonly asked questions by customers. We base this finding upon express terms of the policy, specifically at APA, pp. 758; 773-774.

16. We find that Zurich mailed to Metro a Notice of Non-Cooperation with Preliminary Audit on July 5, 2014. This notice indicated that **“Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Policy.”** We base this finding on APA, p. 803 (emphasis in original).

17. We find that, at no time prior to the cancellation notice of July 4, 2014, did Metro make any attempt to contact Zurich regarding the previous notice of non-cooperation and to comply with the audit provisions of the policy. We base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

18. We find that the Zurich policy was properly cancelled as of August 8, 2014 based on Metro's failure to provide the requested audit information. We further find that this failure to provide the requested audit information constituted a substantial breach of the terms of the policy. We base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

19. We find that after receipt of the July 5, 2014 notice of non-cooperation from Defendant Zurich, Claimant did contact his insurance agent and informed her of his efforts--and difficulties--to provide the requested payroll information. (Tr. p. 186, lines 2 -4, p. 222, lines 12 - 15, Defendant Fund APA p. 892)

20. We find that after the policy was cancelled by Defendant Zurich on August 8, 2014, Metro received a notice of non-cooperation with preliminary audit letter on October 23, 2014. (Defendant Zurich APA p. 811) As with the previous notice, this letter stated that "failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy." Nothing in this letter indicates that policy had been reinstated after the August 8, 2014 cancellation or indicates that the cancellation had been revoked. We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

21. We find that after the policy was cancelled, Defendant mailed the Metro an earned premium notice requesting an additional payment of \$128.00 on November 5, 2014. This letter references the original policy term of "4/4/14 to 4/4/15". Nothing in this letter indicates that policy had been reinstated after the August 8, 2014 cancellation or indicates that the cancellation had been revoked. We further find that Metro paid this bill in full. We base these

findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

22. We find that on January 7, 2015 and on January 26, 2015 Defendant Zurich sent the Metro two additional earned premium notices requesting an additional payment of \$2,095.00. (Defendant Zurich APA pgs. 823 and 825) We find the Metro paid this bill in full. (Tr. p. 91, lines 5 – 16) We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

23. Because we find that the Zurich policy was properly cancelled based on the substantial breach of Metro to cooperate with a premium audit, we find that the actions of the parties subsequent to the breach did not constitute a reinstatement of the policy. The notice of noncooperation and notice of cancellation were clear and unequivocal and the date of cancellation was specifically set as August 8, 2014. None of the correspondence or actions of the parties subsequent to the cancellation date could reasonably be construed as a reinstatement of the policy or revocation of the cancellation. We base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

24. We find that Defendant Fund alleges that either Defendant Zurich is responsible for the Claimant's damages or, conversely, that Mr. Long is responsible for his medical bills and damages. Defendant Fund argues that the Claimant—as the owner of Metro Construction—continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. In support of this argument Defendant Fund filed a motion with the Commission to add Mr. Long as a Defendant in his personal capacity. On April 19, 2017, Commissioner

Aisha Taylor ruled in favor of the Claimant and denied Defendant Fund's motion to add Gregory Long individually as a Defendant. Moreover, we further find that Defendant Fund's appeal to the Full Commission was denied on May 15, 2017 as Commissioner Taylor's ruling was considered interlocutory and not subject to further appeal. We also find that Defendant Fund's reliance on Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) does not apply to the facts of this case and is not controlling. Specifically, while the corporation in Moore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provision under S.C. Code Ann. Section 33-14-220, Defendant Metro's previous dissolution is treated as if it never had occurred. We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

25. We find that Defendant Fund also asserts that the Claimant is not entitled to its protections by alleging that the Mr. Long--as owner of Metro Construction--should have pursued coverage elsewhere following policy termination with Defendant Zurich. We find that this argument fails because Mr. Long brought this claim against Defendant Fund in his capacity as an employee of Metro Construction pursuant to Section 42-7-200 (B). We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

26. We find that Claimant's subjectively believed that he had provided the requested payroll information required by Defendant Zurich, paid all required premiums on time, and that he believed coverage was in effect at the time of his work-related accident. Notwithstanding this subjective belief, we find that such a belief does not nullify or invalidate the proper cancellation of

the policy by Zurich. We find that Zurich complied with the applicable provisions in the policy and under state law to effectively and properly cancel a policy of insurance based on a substantial breach of the terms of the policy. We base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

27. We find that the policy provided by Defendant Zurich (policy number 6ZZUB-2E14299-A-14) was properly cancelled and that coverage was not in effect on November 20, 2014 when the Claimant suffered injuries while working in the course and scope of his employment. Based on these findings, we find that Zurich's policy was not in effect on the date of Claimant's injury and, therefore, Zurich is not the responsible carrier for this claim.

28. We find that Employer was not covered by any valid and enforceable workers compensation policy on the date of Claimant's injury.

29. We further find that, because Employer was subject to the terms and provisions of the South Carolina Workers' Compensation Act and failed to acquire necessary coverage, Employer is responsible for all benefits and payments; however, if Employer is unable or unwilling to pay this award, then the S.C. Workers' Compensation Uninsured Employers' Fund shall be required to pay. Any payment made or benefit provided by the S.C. Workers' Compensation Uninsured Employers' Fund shall be made with all rights of indemnification or reimbursement as prescribed by statute. Nothing appearing in this Order, explicit or implied, shall limit any claim the S.C. Workers' Compensation Uninsured Employers' Fund has against the Employer pursuant to S.C. Code Ann. § 42-7-200 or otherwise.

30. We find that the Claimant has accumulated over two-million dollars in causally-related medical expenses as a result of his work-related accident and that Employer and Defendant Fund are responsible for all past and continuing medical care and bills pursuant to S.C. Code

Sections 42-15-60(A) and 42-7-200. This treatment includes all causally-related medical expenses and bills from the following healthcare providers including, but not limited to: Palmetto Health Richland Hospital and Doctor's Hospital. We base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

31. We find that Claimant was unable to work from November 21, 2014 until October 31, 2015 due to his work-related accident (49.2857 weeks). Therefore, we find that Employer is responsible for paying past temporary total benefits to the Claimant for this period at his compensation rate of \$666.17. However, if Employer is unable or unwilling to pay these benefits, then the S.C. Workers' Compensation Uninsured Employers' Fund shall be required to pay. Any payment made or benefit provided by the S.C. Workers' Compensation Uninsured Employers' Fund shall be made with all rights of indemnification or reimbursement as prescribed by statute. Nothing appearing in this Order, explicit or implied, shall limit any claim the S.C. Workers' Compensation Uninsured Employers' Fund has against the Employer pursuant to S.C. Code Ann. § 42-7-200 or otherwise. We base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of this Commissioner that:

1. This Commissioner has jurisdiction in the case since jurisdiction, venue, and all issues of notice in this case have been stipulated as being proper.

2. It is the conclusion of the Appellate Panel that the following sections of the Workers' Compensation Act and case law are applicable to this case:

D. Section 42-1-110 defines "Compensation";

E. Section 42-9-30 defines "Compensation and Disability For Certain Injuries";

- F. Section 42-1-40 defines "Average weekly wage";
- D. Section 42-15-60 governs "Medical";
- M. Section 42-9-10 governs "Compensation For Total Disability";
- N. Section 42-9-170 governs amount of compensation for permanent injury;
- O. Section 42-9-20 defines "Amount of Compensation for Partial Disability";
- P. Section 42-1-160 defines "Injury and Personal Injury"
- Q. Section 42-1-120 defines "Disability"
- R. Section 42-7-200 defines "Expenditures from Fund"
- S. Section 42-1-170 defines "Employees Notice of Claim"
- T. Section 42-5-80 defines "Liability of Insurer"

3. We find, hold and conclude that the physicians and healthcare providers with Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital) provided authorized medical care to the Claimant. We further find that pursuant to Section 42-15-60, the Defendant Fund has the right to direct the Claimant's ongoing and future medical care for all causally-related treatment including all necessary diagnostic tests and referrals.

4. We conclude that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs. Additionally, we find that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his skin and scarring as a result of burns to his body.

5. We conclude that the Claimant is not at maximum medical improvement and is in need of additional medical treatment for his work-related injuries and that Defendant Fund shall provide reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital and other treatment or care pursuant to Section 42-15-60(A).

6. We conclude that Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) which is relied upon by Defendant Fund is both unpersuasive in this application and, as a matter of law, not binding as arising from another jurisdiction. We find that it is inapplicable to

the facts of this case and is not controlling. Specifically, while the corporation in Mo ore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provisions under S.C. Code Ann. Section 33-14-220, Defendant Metro's previous dissolution is treated as if it never had occurred.

7. We conclude that S.C. Code Ann. Section 42-1-40 defines "Average weekly wages." We further find that this section states that when exceptional reasons exist, that other methods of computing average weekly wages may be resorted to as will most nearly approximate the amount the injured employee would be earning if not for the injury.

8. We conclude that the Zurich policy's terms are clear and unambiguous and, as such, Metro, as the insured, had an obligation to comply with those terms. We conclude that Zurich properly provided notice to Metro of its obligations to cooperate with a premium audit, and upon its failure to do so, properly provided notice of cancellation in accordance with the policy and state law. We conclude that Metro's failure to cooperate with the audit and provide the requested records constitutes a substantial breach of the terms of the policy. We, therefore, conclude that Zurich properly terminated the policy effective August 8, 2014 as set forth in the July 5, 2014 notice of cancellation.

9. We conclude that the attempts by Zurich to collect after the policy cancellation date for premiums which accrued during the policy coverage period and prior to the cancellation date do not constitute a reinstatement of the policy or a revocation of the cancellation.

10. We conclude that Zurich is not the responsible carrier for this claim based on the proper cancellation of its policy prior to the date of Claimant's injury.

11. We conclude that Metro, on the date of Claimant's injury, was an employer subject to the S.C. Workers Compensation Act and did not have workers compensation coverage in effect on the date of Claimant's injury.

12. We find that there is no statute, regulation or binding case law or S.C. Workers Compensation Commission precedent that provides for the Commission to treat a Claimant who happens to be the business owner, such as Mr. Long, differently from a Claimant that does not own the business.

13. We conclude that, because Employer was subject to the terms and provisions of the South Carolina Workers' Compensation Act and failed to acquire necessary coverage, Employer is responsible for all benefits and payments; however, if Employer is unable or unwilling to pay this award, then the S.C. Workers' Compensation Uninsured Employers' Fund shall be required to pay. Any payment made or benefit provided by the S.C. Workers' Compensation Uninsured Employers' Fund shall be made with all rights of indemnification or reimbursement as prescribed by statute. Nothing appearing in this Order, explicit or implied, shall limit any claim the S.C. Workers' Compensation Uninsured Employers' Fund has against the Employer pursuant to S.C. Code Ann. § 42-7-200 or otherwise.

AWARD

Based on the above findings of fact and conclusions of law:

IT IS HEREBY ORDERED that the Claimant, Giles Gregory Long, suffered a compensable injury by accident to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin arising out of and in the course and scope of his employment with Defendant, Metro Construction.

IT IS FURTHER ORDERED that Defendant American Zurich is dismissed from this claim on the basis that it properly cancelled its policy prior to the date of the accident and, therefore, provided no coverage for the injuries sustained by the Claimant and no responsibility for payment of any benefits arising from Title 42.

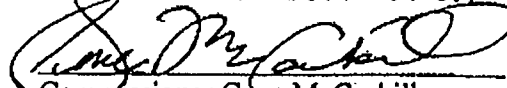
IT IS FURTHER ORDERED that the physicians with Palmetto Health Richland and the Joseph Still Burn Center (Doctors Hospital) provided authorized medical care and that the Defendant Fund shall be responsible for providing the ongoing and future medical care of Gregory Long including all necessary diagnostic tests and referrals.

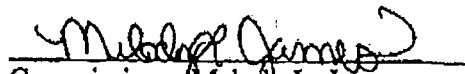
IT IS FURTHER ORDERED that the Employer shall pay for all past, current, and future causally-related medical benefits pursuant to Section 42-15-60, which specifically includes all expenses from Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital). However, if Employer is unable or unwilling to pay these expenses, then the S.C. Workers' Compensation Uninsured Employers' Fund shall be required to pay. Any payment made or benefit provided by the S.C. Workers' Compensation Uninsured Employers' Fund shall be made with all rights of indemnification or reimbursement as prescribed by statute. Nothing appearing in this Order, explicit or implied, shall limit any claim the S.C. Workers' Compensation Uninsured Employers' Fund has against the Employer pursuant to S.C. Code Ann. § 42-7-200 or otherwise.

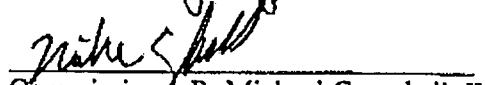
IT IS FURTHER ORDERED that the Defendant Fund shall pay the Claimant through his attorney at Popowski, Callas and Shirley, PA the sum of \$32,832.65 for payment of past temporary total benefits as a result of the injuries that he sustained on November 20, 2014 while working with the Defendant, Metro Construction, Inc.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Gene McCaskill


Commissioner Melody L. James


Commissioner R. Michael Campbell, II

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on April 30, 2019

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION
WCC FILE NO. 1423018

GILES LONG, CLAIMANT

versus

METRO CONSTRUCTION, INC., EMPLOYER

And

AMERICAN ZURICH INS. CO., CARRIER and
THE SC UNINSURED EMPLOYERS' FUND

HEARING:

Held in Columbia, South
Carolina on March 13, 2018.

APPEARANCES:

Claimant represented by Popowski,
Callas & Shirley, PA Columbia,
South Carolina, with Nicholas G.
Callas, Esquire, appearing.

Defendants represented by the
American Zurich Ins. Co., with
Nikole D. Haltiwanger, Esquire,
appearing, the Uninsured
Employers' Fund, with Timothy
B. Killen, Esquire, appearing
and Metro Construction Inc.,
with Robert M. Cook, II, Esquire,
appearing

SUBJECT OF HEARING:

To determine issues set forth in
forms 50 and 51.

OPINION AND AWARD:

Avery B. Wilkerson, Jr.
Commissioner

FILED:

August 22, 2018

MEDICAL EVIDENCE - APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence:

<u>Claimant's Submissions</u>		<u>Pages</u>
APA 1 – Palmetto Health Richland	11/21/2014	pp. 1-35
APA 2 – Joseph Still Burn Center (Doctors Hospital)	11/21/2014 – 5/22/2015	pp. 36 - 655
APA 3 – Medical Bills	11/20/2014 – 1/26/2015	pp. 656 – 741

Claimant's Exhibits

- Ex. A. Workers' Compensation Policy
- Ex. B. Premium payment check
- Ex. C. Notice of Non-Cooperation with Preliminary Audit by Defendant American Zurich
- Ex. D. Notice of policy cancellation by Defendant American Zurich
- Ex. E. Quarterly 941 for 2014 dated 8/20/2014
- Ex. F. Memo showing premium payment of \$128 dated 11/24/2014
- Ex. G. Notice of additional premium due from Defendant American Zurich dated 1/7/2015
- Ex. H. Secretary of State application for reinstatement
- Ex. I. 2013-2015 personal and business tax returns
- Ex. J. Correspondence with Bonita Rabon of Adams and Eaddy Associates
- Ex. K. Applicable medical bills
- Ex. L. Deposition of Claimant
- Ex. M. Applicable statutory and case law

Defendant American Zurich Ins. Co's Submissions

Defendant American Zurich relies on the medical evidence submitted by Claimant.

Defendants American Zurich's Exhibits

- Ex. A. Complete copy of Policy
- Ex. B. Insurance Application
- Ex. C. 4/14/14 Policy Binder
- Ex. D. 7/4/15 Cancel Notice
- Ex. E. 7/5/14 Notice of Non-Cooperation with Preliminary Audit
- Ex. F. Proof of NCCI cancellation/NCCI Policy Data Collection screen

Ex. G. 9/19/14 Premium Audit Notice
 Ex. H. Notice of Non-Cooperation with Preliminary Audit
 Ex. I. 11/3/14 Premium Adjustment Notice
 Ex. J. 11/5/14 Earned Premium statement
 Ex. K. 1/5/15 Premium Adjustment Notice
 Ex. L. 1/7/15 Earned Premium statement
 Ex. M. 1/26/15 Earned Premium statement

<u>Defendant Uninsured Employer's Fund's Submissions</u>	<u>Pages</u>
APA 1 Corporate documents of Metro Construction, Inc.	1 – 7
APA 2 April 19, 2017 motion order	8 - 9
APA 3 Portions of 2013-2015 personal tax return of Giles G. Long, Jr.	10 – 15
APA 4 Portions of 2014 Federal and State tax returns for Metro Const., Inc.	16 – 19
APA 5 South Carolina Code Sections 33-14-210 and 33-14-220	20 – 21
APA 6 <u>Vasey Colton Builders, LLC</u> (6/22/15, S.C. Ct. App. 2016) (submitted for illustrative purposes only; not being submitted as precedential)	22 – 23
APA 7 Magazine permit application and affidavits (10/15/08 to 1/14/11)	24 – 32
APA 8 Office of State Fire Marshall Inspection reports (8/4/09 to 8/13/14)	33 - 48

Defendant Uninsured Employer's Fund's Exhibits

Ex. A. SOS Articles of Incorporation
 Ex. B. 2015 Individual Income Tax Return 1040
 Ex. C. 2014 Individual Income Tax Return 1040
 Ex. D. 2013 Individual Income Tax Return 1040
 Ex. E. 2014 Corporate Income Tax Return
 Ex. F. 2013 Corporation Income Tax Return
 Ex. G. 2015, 2014, 2013 W-2s
 Ex. H. Insurance Agent's Policy documents
 Ex. I. Title to Real Estate
 Ex. J. SC SOS Business Entities Online
 Ex. K. Compliance Agreement
 Ex. L. Claimant Questionnaire
 Ex. M. UEF Investigative File

Defendant Metro Construction, Inc.'s Submissions

Defendant Metro Construction, Inc. has no APA Submissions and relies on the medical evidence submitted by other parties.

Defendant Metro Construction, Inc.'s Exhibits

- Ex. 1. Corporate documents of Metro Construction, Inc.
- Ex. 2. April 19, 2017 motion order.
- Ex. 3. Portions of 2013-2015 personal tax return of Giles G. Long, Jr.
- Ex. 4. Portions of 2014 Federal and State tax returns for Metro Construction, Inc.
- Ex. 5. South Carolina Code Sections 33-14-210 and 33-14-220.
- Ex. 6. Vasey v. Colton Builder, LLC (6/22/15, S.C. Ct. App. 2016) (submitted for illustrative purposes only; not being submitted as precedential.)
- Ex. 7. APA Submissions of all parties.
- Ex. 8. WCC file in this claim, and also in related claim of Gylian Long v. Metro Construction (WCC No. 1421463).
- Ex. 9. Magazine permit applications and affidavits (10/15/08 to 1/14/11).
- Ex. 10 Office of State Fire Marshall Inspection reports (8/4/09 to 8/13/14).

Prior to the hearing Defendant American Zurich Insurance Company agreed to remove an affidavit provided by Roshni Ghayal, an employee of Defendant American Zurich, on hearsay objections. (Tr. p. 11, line 12 – p. 12, line 15) All other APA submissions and Exhibits were admitted into evidence without objection.

STIPULATIONS

At the call of this case, the attorneys representing the respective parties stipulated as follows:

1. That both parties were subject to and bound by the terms and conditions of the South Carolina Workers' Compensation Act.
2. Jurisdiction, venue and sufficiency of notice of the hearing were admitted by both parties.

STATEMENT OF THE CASE

This case was heard by the undersigned Commissioner on March 13, 2018 in Columbia, South Carolina. All parties were given notice of the hearing and the Parties and/or their representatives appeared.

The Claimant, Giles "Gregg" Long is an employee and owner of Metro Construction Company in Leesville, South Carolina. On November 20, 2014, he was allegedly injured in a work-related accident and subsequently made a claim for medical expenses and payment of temporary total benefits which was denied by the American Zurich Insurance Company (hereafter referred to as Defendant "Zurich"). Mr. Long asserts that the applicable case and statutory law supports his claim for worker's compensation benefits and that he is entitled to payment of past medical expenses, past temporary total benefits, and future medical care. Permanency is premature at this time.

On April 4, 2014, the Claimant, Giles Long, purchased an assigned risk workers' compensation policy from Defendant Zurich. (Claimant's Exhibit A) The Claimant is both an employee and owner of Metro Construction Inc., a commercial construction and demolition company. Under the afore-stated policy, Mr. Long was covered as an insured employee. Since this was an assigned risk plan, the Claimant paid the entire annual premium of \$15,928.00 for the policy that was to run from April 4, 2014 – April 4, 2015. (Claimant's Exhibit B)

On July 5, 2014, Mr. Long received a Notice of Non-Cooperation letter from Defendant Zurich stating that his policy would be cancelled on August 8, 2014. (Claimant's Exhibit C) During this period, the Claimant received no assistance from

Defendant Zurich but attempted to provide the requested information by retaining the services of a bookkeeper and an accountant. When Mr. Long was unable to provide the requested information as promptly as Defendant Zurich required, he received a notice of policy cancellation from Defendant Zurich effective on August 8, 2014. (Claimant's Exhibit D)

Following policy cancellation, Mr. Long continued to receive requests for payroll information and additional premiums from Defendant Zurich. The Claimant continued to provide payroll and financial information to the insurance carrier and timely paid all premiums as requested. (Claimant' Exhibits F and G) On October 23, 2014, Defendant Zurich sent a letter to Mr. Long stating that his policy coverage "may" be cancelled if he failed to provide the requested financial/payroll information. (APA p. 811) Since he continued to pay premium charges and provide financial/payroll information, Mr. Long believed he had worker's compensation coverage on himself at the time of his accident. (Tr. p. 192, line 3)

On November 20, 2014, Mr. Long was involved in a work-related accident resulting in severe burns to much of his body and damage to his hearing, skin loss, pulmonary system, respiratory system, eyes, back, stomach, both upper and lower extremities and scarring. Consequently, he has incurred over two million dollars in medical expenses from various healthcare providers including, but not limited to the Palmetto Health Richland Hospital and the Joseph Still Burn Center in Augusta, Georgia. Most of these bills remain unpaid since Defendant Zurich denied the claim and Mr. Long's health insurance carrier went into receivership.

On March 12, 2015, Mr. Long filed a claim for workers' compensation benefits against SC Uninsured Employers' Fund (hereafter Defendant "Fund"). Defendant Fund also denied coverage for Mr. Long's injuries and filed a motion to add Defendant Zurich as a party-defendant. This motion was granted by the Commission.

Defendant Fund argues that either Defendant Zurich is responsible for the Claimant's damages or, conversely, that Mr. Long is personally responsible for his medical bills and damages. Defendant Fund's argument is based on the proposition that Mr. Long—as the owner of Metro Construction—had continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. In support of this argument Defendant Fund filed a motion with the Commission to add the Claimant as a Defendant in his personal capacity. Mr. Long filed a responsive brief stating that he could not be held individually liable since he was an employee of the Metro Construction when he was injured and since Metro Construction was administratively reinstated by the Secretary of State's office in December 2016. (Claimant's Exhibit H) On April 19, 2017, Commissioner Aisha Taylor ruled in favor of the Claimant and denied Defendant Fund's motion to add Giles Long individually as a Defendant. Moreover, Defendant Fund's appeal to the Full Commission was denied on May 15, 2017 as Commissioner Taylor's ruling was considered interlocutory and not subject to further appeal.

Defendant Zurich denies coverage for this claim and alleges that "the policy was cancelled for failure to comply with the audit, conditional warranty under Section 38-75-730(A)(4)." (Tr. p. 28, line 18 – p. 29, line 7) Specifically, Defendant Zurich argues that the Claimant's failure to provide audit information represents a substantial breach of contract in violation of Section 38-75-730(A)(4). The carrier maintains that its policy

cancellation was properly executed since notice of cancellation was timely delivered to the insured and the agent of record in accordance with the statutory requirements.

Claimant requests that this claim be accepted by Defendant Zurich or Defendant Fund and that all past medical expenses and past temporary total benefits be paid by the Defendants. Moreover, Mr. Long requests that he be provided additional medical care for his work-related injuries.

EVIDENCE OF THE CASE

A. Medical Opinions

11/20/2014, Palmetto Health Richland: The Patient is a 55-year-old white male who presented to Palmetto Health Richland Emergency Department as a trauma alert after being involved in a dynamite blast explosion. . . He was noted to have extensive burns anteriorly to the abdomen, chest, bilateral upper and lower extremities and face. He also sustained a soft tissue avulsion to the left lower extremity as well as a left open tibia-fibula fracture, multiple scattered 1-2mm superficial facial injuries, extensive orbital and maxillary sinus wall fractures, respiratory failure, pulmonary contusions and bilateral corneal abrasions. (APA pgs. 1-3, 13, 14 and 16)

11/21/2014, Joseph Still Burn Center (Doctors Hospital): Claimant sustained burns of 25 – 30% of body of which 15% percent of body surface area receiving third and fourth degree burns. He has respiratory failure and a closed head injury as well as a deep cratering wound with necrotic skin and subcutaneous tissue visualized on the left medial thigh. (APA pgs. 38, 45 and 62)

11/29/2014, Joseph Still Burn Center (Doctors Hospital): Claimant has drainage from both ears, inner ear effusions on CT highly contaminated on arrival. . . Vision seems to be affected by injury. (APA p. 194)

B. Lay Testimony

Timothy Lukes, underwriter for Travelers Indemnity Company, testified first. Mr. Lukes worked as a senior underwriter for the Assigned Risk market for the past 12 years. His responsibilities include "servicing a book of business offering management and executive's opinion on more complex cases and appearing in hearings and/or depositions as needed." (Tr. p. 46, line 23 – p. 47 line 9)

Mr. Lukes testified that he had reviewed some of the information related to the policy issued to Metro Construction, Inc. (Tr. p. 48, lines 22 – 24) He added that "Zurich American (sic) contracts with Travelers to handle—their direct assignment work—workers' compensation policies for South Carolina." (Tr. p. 51, lines 20 -25) In this case, the policy number 6ZZUB2E14299-8-14 was issued to Metro Construction, Inc. and was to be in force from 4/4/15 to 4/4/15. (Tr. p. 50, line 19 and p. 52, lines 19 – 23)

Mr. Lukes testified that a notice of cancellation was sent to the Claimant due to "failure to audit payroll or permit an audit." (Tr. p. 54, lines 7 – 9). The witness confirmed Defendant's Zurich's position that the policy was only cancelled for "audit failure only." (Tr. p. 61, lines 8 – 10, p. 74, lines 11 - 14) According to Mr. Lukes, "an audit can occur at any point during the term and that's a -- a method of truing up what that exposure is versus what's -- the -- the real exposure versus what's on the -- you know, been written on the policy." (Tr. 54, lines 19 - 23) Mr. Lukes agreed that the Claimant had paid the full initial premium of fifteen thousand, nine hundred twenty-eight dollars. (\$15,928.00). (Tr. p. 57, lines 10 – 12).

During his testimony, Mr. Lukes admitted that on November 5, 2014 -- approximately three months after policy cancellation -- the Claimant was charged an

additional \$128.00 following an estimated audit and was charged another \$2,095.00 in January 2015 as a result of a cancellation audit. (Defendant Zurich APA pgs. 817 and 823, Tr. p. 67, lines 5 – 11, p. 77, lines 6 - 12). Defendant's witness further testified that Claimant Long paid all charges from the subsequent audits. (Tr. p. 91, lines 5 – 16)

Following direct examination by Defendant Zurich's attorney, Mr. Lukes underwent cross-examination by Claimant's counsel as well as from the attorneys representing Defendant Fund and Defendant Metro Construction Company (hereinafter Defendant Metro)

Claimant's attorney first inquired if Mr. Lukes had seen any letters from Defendant Zurich attempting to collect financial information from Mr. Long prior to the July 5, 2014 intent to cancel letter. Mr. Lukes stated that he had not seen any letters and could only refer to the July 5th form letter that "prior attempts have been made to access the information." (Tr. p. 83, lines 5 -12)

Mr. Lukes was then asked if the policy could be reinstated if the Claimant eventually complied with the audit. The witness testified that "a reinstatement with a lapse can occur if the fault that caused the cancellation is corrected within that sixty (60) days." (Tr. p. 84, lines 12 -15) In regard to the 941 tax form provided by the Claimant, Mr. Lukes provided varying accounts as to whether the document was in the carrier's file or when it was actually received. (Tr. p. 84, lines 16 – 21, p. 97, line 14 – p. 98, line 6, p. 136, lines 5 – 15)). When asked if this information would have satisfied the audit, Mr. Lukes stated that he couldn't say "if that was the only piece of information they were looking for or not." (Tr. p. 84, lines 22 -25)

The Claimant, Giles Gregory Long, testified as to his work-related accident, the medical treatment and expenses he received as well as his dealings with Defendant Zurich concerning the audit. Specifically, he asserted that he had purchased a workers' compensation policy from Defendant Zurich and that he had paid the policy premium in full. (Tr. p. 184, lines 11 -19) Mr. Long further stated that he had received a notice of non-cooperation with preliminary audit letter from Defendant Zurich and attempted to provide the requested financial information. (Tr. p. 183, lines 4 – 13, p. 187, lines 5 – 7) He stated that he did not receive any requests for financial information from Defendant Zurich prior to the July 5th letter. (Tr. p. 183, lines 14 - 17) The Claimant also said that he received the August 2014 cancellation letter from the carrier as well as subsequent premium charges.

Mr. Long testified that he believed his coverage was in effect at the time of his accident since he continued to cooperate with Defendant Zurich by: paying additional premiums, by providing financial information and; from the Defendant Zurich's October 23, 2014 letter stating that his coverage "may" be cancelled if he failed to cooperate. (Tr. p. 187, lines 15 – 18) Finally, Mr. Long testified that he had accumulated over two million dollars in medical bills as a result of his work-related accident. (Tr. p. 179, lines 3 – 6)

The Claimant requested that his case be accepted, payment of all medical expenses as well as payment of past temporary total benefits and future medical care. (Tr. p. 193, lines 4 – 11)

FINDINGS OF FACT

After reviewing the Commissioner's file, the APA submissions, the exhibits and depositions, this Commissioner makes the following findings of fact and conclusions of law

by a clear preponderance of evidence on the record as a whole. It is found as fact as follows:

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, and that this Commissioner has jurisdiction over the parties and subject matter. Further that venue is proper per the parties' stipulation. I base this finding on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

2. I find that these matters were heard before the undersigned on March 13, 2018 pursuant to the Claimant's Form 50 and Defendants' Form 51s. I base this finding on the stipulation and admissions of the Parties, the APA Submissions, the Exhibits and the evidence in the file.

3. I find that the Claimant's average weekly wage is \$1,000.00 and his compensation rate is \$666.17. I further find that Mr. Long testified that he had been paid \$1,000.00 per week since about 2012 until he had a prior worker's compensation accident in 2013. (Tr. p. 204, line 20 – p. 205, line 12) Moreover, I find that his 2013 personal tax return showed a gross income of approximately \$47,800.00 and that the Claimant's W2 for 2013 showed income of \$43,000.00. (Defendant Fund APA pgs. 748 – 749 and 820) I base these findings on the testimony of the Claimant, the APA Submissions and Exhibits.

4. I find that the Claimant, Giles Gregory Long, has been an employee and the owner of Defendant Metro Construction Company, Inc. since 1999 and that he is 58 years old with an eleventh-grade education. (Tr. p. 187, line 22) I base this finding on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

5. I find that the Claimant has established by a preponderance of the evidence that he sustained a work-related injury on November 20, 2014 while working in the course and scope of his employment with Defendant Metro. (Tr. p. 174, lines 11 - 13) I base this finding on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

6. I find that the Claimant provided timely notice of his work-related accident to Defendant Metro and Defendant Zurich via Form 50 on February 26, 2015. I further find that Defendant Zurich denied coverage of this claim alleging that the policy had been cancelled for failing to provide audit information. Claimant then properly filed a form 50 on Defendant Fund on March 12, 2015. I further find that Defendant Fund moved to add Defendant Zurich as a party on April 7, 2016 and that the Commission granted this motion pursuant to an order dated April 19, 2017. I base these findings on the stipulations and admissions of the Parties, the Claimant's uncontradicted testimony during the hearing, the APA Submissions, the Exhibits and the evidence in the file.

7. I find that the Claimant has alleged that he sustained work-related injuries to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin. Specifically, I find that the Claimant sustained extensive burns to his abdomen, chest, bilateral upper and lower extremities and face as well as a soft-tissue avulsion to the left lower extremity, a left open tibia-fibula fracture, multiple facial injuries, extensive orbital and maxillary sinus wall fractures, respiratory failure, pulmonary contusions and bilateral corneal abrasions. Claimant also suffered skin loss and scarring while working in the course and scope of his employment

with Defendant, Metro Construction, Inc. (APA pgs. 1-3, 13, 14, 16, 38, 45, 62 and 194) I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

8. I find that the Claimant received extensive medical treatment for his work-related injuries at various medical facilities including, but not limited to, the Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital). I further find that this medical care was necessary to treat the Claimant's pulmonary, respiratory, hearing and digestive injuries as well as for the injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin loss and scarring. (APA pgs. 1 - 741) I base these findings on the admissions and stipulations of the Parties in their briefs and pleadings, the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the evidence in the file.

9. I find that Claimant has not reached maximum medical improvement and that determination of permanency is premature. (Tr. p. 193, lines 14 - 17) I further find that the Claimant requires additional medical care to treat the injuries to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs, skin and scarring. (Claimant APA pgs. 1-3, 13, 14, 16, 38, 45, 62, and 194) I base these findings upon the Claimant's uncontradicted testimony during the hearing of the case, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

10. I find that the Claimant completed an application with Defendant Zurich for a worker's compensation policy providing coverage from April 4, 2014 to April 4, 2015.

(Defendant Fund, APA pgs. 826 - 829) I further find that Defendant Zurich issued a worker's compensation and employers liability policy, number 6ZZUB-2E14299-A-14 dated May 8, 2014. (Defendant Zurich APA pgs. 748 - 801) This policy was an assigned risk plan and contained information on completing a premium audit, cancelling the policy as well as reporting an accident covered under the policy. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

11. I further find that the Claimant paid the entire premium charge of \$15,928.00 for the assigned risk plan, policy number 6ZZUB-2E14299-A-14. (Tr. p. 57, lines 10 - 12, p. 185, lines 6 - 14) I further find that Mr. Long initially paid his insurance agent the sum of \$18,025.00 for the policy based on the carrier's initial assessment. (Claimant's Exhibit B) Mr. Long then received a refund shortly thereafter for the over-payment. (Tr. p. 184, lines 17 - 19, p. 185, lines 12 - 14) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

12. I find that Defendant Zurich alleges that its policy with the Claimant (number 6ZZUB-2E14299-A-14) was cancelled on August 8, 2014 for failure to comply with the audit and for a substantial breach of contractual duty, conditional warranty under Section 38-75-730(A)(4). (Tr. p. 28, line 18 - p. 29, line 7, p. 54, lines 5 - 9, p. 61, lines 8 - 12) I base this finding upon the uncontradicted testimony during the hearing of the

case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

13. I find that Defendant Zurich mailed a notice of cancellation to Defendant Metro and its agent on July 4, 2014 for "failure to audit payroll or permit an audit" indicating an effective date of cancellation of August 8, 2014. (Defendant Zurich APA p. 802). I further find the Defendant Zurich's witness, Timothy Lukes, testified that the July 4, 2014 notice of cancellation was also sent to NCCI. (Tr. p. 114, lines 7 - 12, p. 125, lines 11 - 18, 133, lines 15 - 18) I further find Defendant Zurich provided the proof of NCCI cancellation received on July 7, 2014, showing a cancellation reason of "failure to comply with the terms & conditions or audit failure" and a cancellation effective date of August 8, 2014. (Defendant Zurich APA p. 805) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

14. I find that Defendant Zurich mailed a notice of non-cooperation with preliminary audit to the Claimant and Metro Construction on July 5, 2014. (Defendant Zurich APA p. 804) I base this finding upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

15. I find that although the July 5, 2014 notice of non-cooperation with preliminary audit letter refers to prior attempts to collect financial information from the Claimant, that no documentation confirming these efforts could be provided by Defendant Zurich. Specifically, I find that Timothy Lukes stated that he was unaware of any prior letters sent to Mr. Long as documented in his file and that the Claimant testified

that he had not received any requests for financial information by Defendant Zurich prior to the July 5, 2014 letter. (Tr. p. 114, lines 7 – 12, p. 125, lines 11 – 18, 133, lines 15 – 18, Tr. p. 149, line 24 – p. 150, line 1, p. 192, lines 7 - 14) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

16. I find that the Claimant received the July 5, 2014 notice of non-cooperation with preliminary audit letter from Defendant Zurich. I further find that Mr. Long contacted his insurance agent and informed her of his efforts--and difficulties--to provide the requested payroll information. (Tr. p. 186, lines 2 -4, p. 222, lines 12 – 15; Defendant Fund APA p. 892) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

17. I find that after the policy was allegedly cancelled by Defendant Zurich on August 8, 2014, it mailed a notice of non-cooperation with preliminary audit letter to the Claimant and Metro Construction on October 23, 2014. (Defendant Zurich APA p. 811) I further find that the policy term specified in the October 23, 2014 letter was “4/4/14 to 4/4/15” and stated that “failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy.” I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

18. I find that the language in the October 23, 2014 notice of non-cooperation with preliminary audit letter sent to the Claimant and Metro Construction could reasonably be construed—and was construed by Mr. Long--that his worker's compensation policy was still in effect. Specifically, I find that the statement "failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy" was interpreted by the Claimant that policy coverage was in effect. (Defendant Zurich APA p. 811, Tr. p. 190, lines 6 - 9) I base these findings upon the Claimant's testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

19. I find that after the policy was allegedly cancelled by Defendant Zurich, it mailed the Claimant an earned premium notice requesting an additional payment of \$128.00 on November 5, 2014. I further find that the policy term specified in the November 5, 2014 letter was "4/4/14 to 4/4/15" and that the Claimant paid this bill in full. (Defendant Zurich APA p. 817, Tr. p. 69, lines 11 – 13 and p. 91, lines 5 – 16) I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

20. I find that on January 7, 2015 and on January 26, 2015 Defendant Zurich sent the Claimant two earned premium notices requesting an additional payment of \$2,095.00. (Defendant Zurich APA pgs. 823 and 825) I find the Claimant paid this bill in full. (Tr. p. 91, lines 5 – 16) I base these findings upon the uncontradicted testimony during the

hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

21. I find that language in the Defendant's earned premium letters requesting an additional \$2,095.00 payment was confusing and could cause Mr. Long to believe that he still had coverage under the workers compensation contract. Specifically, I find that Timothy Lukes agreed under cross-examination that the letters stated "if you don't want coverage to be canceled you need . . . to do certain things." (Tr. p. 129, lines 4 – 21, Defendant Zurich APA pgs. 823 and 825) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

22. I find that the Claimant signed a Compliance Agreement with the S.C. Workers Compensation Commission acknowledging that Metro Construction did not have workers' compensation coverage for the period of August 8, 2014 through December 16, 2014 and that a \$1,000.00 penalty was paid to the S.C. Workers Compensation Commission. (APA pgs. 917, 918 and 941) However, I find that the Compliance Agreement specifically states that "executing this agreement does not nullify any defenses the Employer may have for any claim." Therefore, I find that the Compliance Agreement does not bind the Claimant or prevent him from asserting that coverage was in effect during the afore-stated period. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

23. I find that Defendant Fund alleges that either Defendant Zurich is responsible for the Claimant's damages or, conversely, that Mr. Long is responsible for

his medical bills and damages. Defendant Fund argues that the Claimant—as the owner of Metro Construction—continued to operate his business after it was administratively dissolved by the SC Secretary of State’s office. In support of this argument Defendant Fund filed a motion with the Commission to add Mr. Long as a Defendant in his personal capacity. On April 19, 2017, Commissioner Aisha Taylor ruled in favor of the Claimant and denied Defendant Fund’s motion to add Gregory Long individually as a Defendant. Moreover, I further find that Defendant Fund’s appeal to the Full Commission was denied on May 15, 2017 as Commissioner Taylor’s ruling was considered interlocutory and not subject to further appeal. I also find that Defendant Fund’s reliance on Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) does not apply to the facts of this case and is not controlling. Specifically, while the corporation in Moore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provision under S.C. Code Ann. Section 33-14-220, Defendant Metro’s previous dissolution is treated as if it never had occurred. I base these findings upon the uncontradicted testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

24. I find that Defendant Fund also asserts that the Claimant is not entitled to its protections by alleging that the Mr. Long--as owner of Metro Construction--should have pursued coverage elsewhere following policy termination with Defendant Zurich. I find that this argument fails because Mr. Long brought this claim against Defendant Fund in his capacity as an employee of Metro Construction pursuant to Section 42-7-200 (B). I base these findings upon the uncontradicted testimony during the hearing of the case,

APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

25. I find that the testimony of Timothy Lukes was unclear regarding as to when the 941 form submitted by the Claimant was in the file. Mr. Lukes stated on two occasions that he had not seen the 941 document in "our files." (Tr. p. 84, lines 16 – 21, p. 92, lines 1 – 11) However, Mr. Lukes later testified that the 941 form was received in early January 2015. (Tr. p. 97, line 14 – p. 98, line 6, p. 136, lines 5 – 15) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

26. I find that witness Timothy Lukes was not aware of any actions the Claimant made to comply with the audit and that he never spoke to Mr. Long. (Tr. p. 92, lines 12 – 15, p. 94, lines 3 – 9) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

27. I find that Timothy Lukes did not know if Defendant Zurich had made any attempts to assist the Claimant in completing the audit. (Tr. p. 93, lines 12 – 17) I further find that Defendant Zurich did not offer the Claimant any assistance in completing its audit. (Tr. p. 183, lines 14 – 17) I base these findings on the testimony of the witnesses, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

28. I find that Timothy Lukes understood that he was present at the hearing to give testimony on behalf of Defendant Zurich and that he admitted his testimony could bind Defendant Zurich. (Tr. p. 105, lines 9 – 16) I base this finding on the testimony of the

witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

29. I find that Timothy Lukes admitted that the language in the July 4, 2014 notice of cancellation was confusing or ambiguous. Specifically, in response to whether the language of notice of cancellation was meant to confer an intent to cancel rather than a notice of cancellation, Mr. Lukes responded, "I don't know that anybody would understand language like that if we did put it in there." (Tr. p. 119, lines 18 – 22, p. 120, lines 6 - 9) I further find that Mr. Lukes agreed that the notice of cancellation was confusing and would cause the Claimant to believe that there was nothing he could do to solve the problem by testifying, "Well, that's why we (Defendant Zurich) send the second letter (referring to the July 5, 2014 notice of non-cooperation with preliminary audit) (Tr. p. 121, lines 6 – 14, Defendant Zurich APA p. 803) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

30. I find that Timothy Lukes's testimony was unclear as to what financial information the Claimant needed to provide Defendant Zurich regarding its audit. Specifically, when queried by Defendant Zurich's attorney whether the 941 information provided by Mr. Long would have been sufficient for the audit, Mr. Lukes testified that he didn't know, and only "someone from the Audit Department" would know. (Tr. p. 136, line 19 – p. 137, line 11) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

31. I find that Giles Long believed he had provided the requested payroll information required by Defendant Zurich, paid all required premiums on time, and that he believed coverage was in effect at the time of his work-related accident. I further find that Mr. Long believed the non-compliance letter from Defendant Zurich dated October 23, 2014 meant that coverage was in effect. (Tr. p. 190, lines 6 – 25, p. 191, lines 13 - 18) I base these findings on the demeanor of the Claimant, my view of his testimony during the hearing and the APA Submissions and Exhibits.

32. I find that the actions taken by the carrier, Defendant Zurich, and the letters and correspondence sent by the carrier to the Employer, were confusing as to what was required of the Employer, when it was required and what would happen if the information was not provided as requested. I further find that the Employer fully paid all premiums as required and reasonably and substantially complied with all requests for additional information. Simply put, the Employer paid for coverage and was entitled to coverage, the efforts of the Carrier to cloud the issue notwithstanding. Defendant Zurich should not be permitted to take unfair and unwarranted advantage of any confusion that the carrier itself created. I base these findings on the testimony of the witnesses, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

33. I find that the Claimant did not commit a substantial breach of the contract pertaining to the audit requirement under the workers compensation policy, number 6ZZUB-2E14299-A-14 or under Section 38-75-730(A)(4). Specifically, I find that Mr. Long paid his initial premium in full; continued to provide payroll/financial information to the carrier and timely paid premium charges upon receipt. Moreover, Timothy Lukes, as a

senior underwriter for Defendant Zurich, testified that there was no deadline specified in the policy contract as to when the Claimant needed to provide the requested audit information. (Tr. p. 107, line 8 – p. 108, line 1, p. 145, lines 3 – 9, Tr. p. 145, line 18 – p. 146, line 23) I base these findings on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

34. I find that Timothy Lukes could not state if Defendant Zurich's cancellation of the insurance policy was done in compliance with South Carolina law. (Tr. p. 111, lines 6 – 11) I base this finding on the testimony of the witness, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

35. I find that the policy provided by Defendant Zurich (policy number 6ZZUB-2E14299-A-14) was not cancelled and that coverage was in effect on November 20, 2014 when the Claimant suffered injuries while working in the course and scope of his employment. I further find that Defendant Zurich is responsible for providing all benefits to the Claimant that he is entitled to under the S. C. Workers' Compensation Act. I base these findings upon the testimony during the hearing of the case, APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

36. I find that the Claimant has accumulated over two-million dollars in causally-related medical expenses as a result of his work-related accident and that Defendant Zurich is responsible for all past and continuing medical care and bills pursuant to S.C. Code Section 42-15-60(A). This treatment includes all causally-related medical expenses and

bills from the following healthcare providers including, but not limited to: Palmetto Health Richland Hospital and Doctor's Hospital. I further find that the Defendant Zurich should reimburse the Claimant and his health insurance carrier for all past causally-related medical expenses and bills that have been paid. (APA pgs. 600 – 741, Tr. p. 179, lines 13 -15) I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

37. I find that the Claimant was unable to work from November 21, 2014 until October 31, 2015 due to his work-related accident (49.2857 weeks). Therefore, I find that Defendant Zurich is responsible for paying past temporary total benefits to the Claimant for this period at his compensation rate of \$666.17. I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

38. I find that if Defendant Zurich had not been the appropriate party responsible for paying the Claimant's medical expenses and other benefits provided under the South Carolina Workers Compensation Act, then Defendant Fund would be responsible for providing these benefits. I further find that the S.C. Uninsured Employers' Fund was created to ensure payment of workers' compensation benefits to injured employees whose employers have failed to acquire necessary coverage for employees. S.C. Code Section 42-7-200 (Law Co-op, 1976) as amended. Hence, if Defendant Zurich had properly cancelled the policy with Metro Construction, then the Claimant would have been entitled to pursue a claim with the SC Workers' Compensation Uninsured Employers' Fund. I base these findings upon the uncontradicted testimony, the APA Submissions, the Exhibits and the

stipulations and admissions of the parties in their briefs and pleadings, and the evidence in the file.

39. I find that the Claimant's testimony at the hearing was strong and clear. I further find that during his hearing, Mr. Long became very emotional and stated that this situation had created a very tough time in his life. (Tr. p. 191, lines 13 - 23) I base this finding on the demeanor of the Claimant, my view of his testimony during the hearing and the APA Submissions and Exhibits.

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of this Commissioner that:

1. This Commissioner has jurisdiction in the case since jurisdiction, venue, and all issues of notice in this case have been stipulated as being proper.

2. It is the conclusion of this Commissioner that the following sections of the Workers' Compensation Act and case law are applicable to this case:

- A. Section 42-1-110 defines "Compensation";
- B. Section 42-9-30 defines "Compensation and Disability For Certain Injuries";
- C. Section 42-1-40 defines "Average weekly wage";
- D. Section 42-15-60 governs "Medical";
- E. Section 42-9-10 governs "Compensation For Total Disability";
- F. Section 42-9-170 governs amount of compensation for permanent injury;
- G. Section 42-9-20 defines "Amount of Compensation for Partial Disability";
- H. Section 42-1-160 defines "Injury and Personal Injury"
- I. Section 42-1-120 defines "Disability"
- J. Section 42-7-200 defines "Expenditures from Fund"
- K. Section 42-1-170 defines "Employees Notice of Claim"
- L. Section 42-5-80 defines "Liability of Insurer"

3. I find, hold and conclude that the physicians and healthcare providers with Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital)

provided authorized medical care to the Claimant. I further find that pursuant to Section 42-15-60, the Defendants have the right to direct the Claimant's ongoing and future medical care for all causally-related treatment including all necessary diagnostic tests and referrals.

4. I find that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms and legs. Additionally, I find that the Claimant has established by a preponderance of the evidence the causal connection, established by medical evidence, between the work activity and the injury to his skin and scarring as a result of burns to his body.

5. I find that there has been no violation of Section 38-75-730(A)(4) in this case. Specifically, Section 38-75-730(A)(4) states a carrier may cancel an insurance policy if the insured commits substantial breaches of contractual duties, conditions, or warranties. I find that the Claimant did not commit a substantial breach of his contractual duties, conditions or warranties of the contract with Defendant Zurich.

6. I find that the Claimant is not at maximum medical improvement and is in need of additional medical treatment for his work-related injuries and that Defendant Zurich shall provide reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital and other treatment or care pursuant to Section 42-15-60(A).

7. I find that Moore v. OSHA Review Committee, 891 F2d 991(4th Cir. 1979) which is relied upon by Defendant Fund is both unpersuasive in this application and, as a matter of law, not binding as arising from another jurisdiction. I find that it is inapplicable to the facts of this case and is not controlling. Specifically, while the corporation in Moore was in forfeiture at the time of the proceedings against it, Defendant Metro is not currently in forfeiture. Moreover, due to the reinstatement provisions under S.C. Code Ann. Section 33-14-220, Defendant Metro's previous dissolution is treated as if it never had occurred.

8. Per Claimant's memorandum, I find that Crews v. W.R. Crews, Inc., 390 S.C. 15 699 W.E.d2d 189 (Ct. App. 2010), holds that a carrier is to adopt a flexible approach when dealing with an insured who is unable to strictly comply with the policy terms but is making reasonable efforts to do so.

9. I find that S.C. Code Ann. Section 42-1-40 defines "Average weekly wages." I further find that this section states that when exceptional reasons exist, that other methods of computing average weekly wages may be resorted to as will most nearly approximate the amount the injured employee would be earning if not for the injury.

10. I find that S.C. Code Ann. Section 42-5-80(B) states that the insurance agreement must be construed as a direct promise to pay from the carrier to the Claimant.

11. I find that there is no statute, regulation or binding case law or S.C. Workers Compensation Commission precedent that provides for the Commission to treat a Claimant who happens to be the business owner, such as Mr. Long, differently from a Claimant that does not own the business.

AWARD

Based on the above findings of fact and conclusions of law:

IT IS HEREBY ORDERED that the Claimant, Giles Gregory Long, suffered a compensable injury by accident to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin arising out of and in the course and scope of his employment with Defendant, Metro Construction.

IT IS FURTHER ORDERED that Defendant American Zurich was the carrier on the date of accident and has coverage for the injuries sustained by the Claimant and the responsibility for payment of all benefits arising from Title 42.

IT IS FURTHER ORDERED that the physicians with Palmetto Health Richland and the Joseph Still Burn Center (Doctors Hospital) provided authorized medical care and that the Defendants shall be responsible for providing the ongoing and future medical care of Gregory Long including all necessary diagnostic tests and referrals.

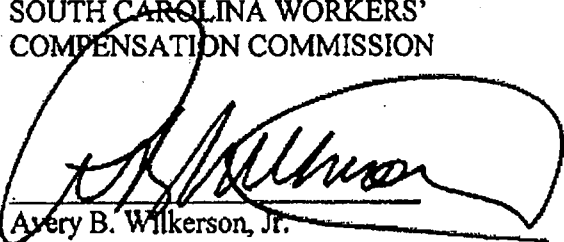
IT IS FURTHER ORDERED that the Defendant shall pay for all past, current and future causally-related medical benefits pursuant to Section 42-15-60, which specifically includes all expenses from Palmetto Health Richland Hospital and Joseph Still Burn Center (Doctors Hospital).

IT IS FURTHER ORDERED that the Defendant shall pay the Claimant through his attorney at Popowski, Callas and Shirley, PA the sum of \$32,832.65 for payment of past temporary total benefits as a result of the injuries that he sustained on November 20, 2014

while working with the Defendant, Metro Construction, Inc.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Avery B. Wilkerson, Jr.
Commissioner

Columbia, South Carolina

August 22nd, 2018

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Deborah Hutto on August 22, 2018

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

Gregg Long v Metro Construction

SCWCC: 1423018

Commissioner: Taylor

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby;
1 Dismissed as Interlocutory. _____ Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;
 _____ Granted. _____ Denied. _____ Dismissed _____ Preserved for hearing

BEFORE THE;
 _____ Hearing Comm. _____ Jurisdictional Comm. _____ Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

Remand to Panel as indicated below.

_____Barden	_____James	_____Taylor
_____Beck	_____Campbell	_____Wilkerson
	_____McCaskill	

_____ Remand for Order consistent with the Order of the Court.
 _____ Remand to the Hearing Commissioner.
 _____ Remand to the Jurisdictional Commissioner.
 _____ Other:

_____ Remand: _____ Panel Oral Argument. _____ En Banc Oral Argument.

AND IT IS SO ORDERED.

**T. Scott Beck, Chair
For the Commission**

Columbia, South Carolina

5/10 2017

CONCURRING:

Commissioner Susan S. Barden
Commissioner Melody James
Commissioner Aisha Taylor
Commissioner Avery Wilkerson
Commissioner Michael Campbell
Commissioner Gene McCaskill

NOT PARTICIPATING:

DISSENTING:

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER
IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY
DEPOSITING A COPY HEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL

This 5 day of May, 2017.

By: Valerie D. Jett
SCWCC Judicial Department

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. 1423018

Gregg Long,	EMPLOYEE,	)	
		)	
	CLAIMANT,	)	
VS.		)	
		)	
Metro Construction, Inc.		)	
	EMPLOYER,	)	
		)	MOTION ORDER
AND		)	
		)	
SC Workers Compensation UEF		)	
	CARRIER,	)	
		)	
	DEFENDANTS,	)	

A Motion regarding the following issue(s) has been received:

X Defendant's Motion to add Giles Gregory Long as a party Defendant.

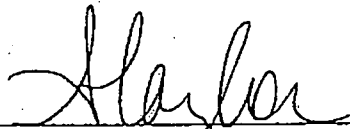
The following dispositions have been made:

Compel _____ Granted _____ X Denied

Reasons: Metro Construction Inc. was reinstated on 12/14/16. As such, S.C. Code Ann. Section 33-14-220 controls and Metro Construction Inc. remains Party-Defendant.

Columbia, SC

April 19, 2017



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

April 19, 2017

By: Renee Smith, Administrative Assistant to Commissioner Taylor

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1423018

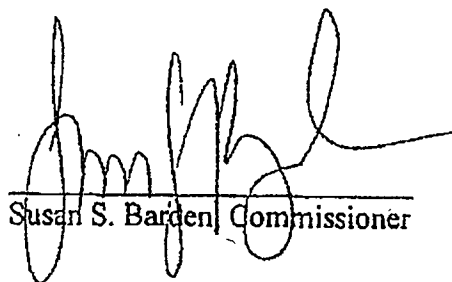
Gregg Long,)
)
 Claimant,)
 vs.)
)
 Metro Construction, Inc.,)
)
 Employer,)
)
 S.C. Workers' Uninsured Employers' Fund,)
)
 Carrier,)
 Defendants)
 _____)

A Motion regarding the following issue has been received:

 x Defendants SC UEF's Motion to Add American Zurich Insurance
Company as a party defendant to the above-stated action.

The following disposition of the Motion has been made:

 x Granted _____ Denied



Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kristi Love on April 14, 2016 -78-

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SC WORKERS COMPENSATION COMMISSION

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, II, Commissioner

Case No. 1423018

RECEIVED
MAY 29 2019
SC Court of Appeals

Metro Construction, Inc.,
American Zurich Ins. Co. and the
SC Uninsured Employees' Fund Respondents

v.

Giles Long Appellant

NOTICE OF APPEAL

Giles Long appeals the decision and order of the Full Commission of the South Carolina Workers' Compensation Commission dated April 30, 2019. Appellant received written notice of entry of this order on April 30, 2019.

Pursuant to S.C. Code Ann. §42-17-60, Appellant states the following grounds for appeal, while reserving the right to restate the issues in his brief in accordance with Rule 208(B), SCACR:

1. The Commission erred in failing to find that American Zurich Insurance Company had coverage for this claim.
2. The Commission erred in concluding that the American Zurich Insurance Company properly cancelled coverage for this claim.
3. The Commission erred in finding that Giles Long, as sole shareholder and owner of Metro Construction, Inc. substantially breached the terms of the insurance policy.

4. The Commission erred in concluding that the terms of the American Zurich Insurance Company policy, the notice of noncooperation and notice of cancellation were clear and unambiguous.

5. The Commission erred in failing to find that coverage under the policy was either reinstated or that policy cancellation had been revoked.

6. The Commission erred in dismissing American Zurich Insurance Company from this action.

May 29, 2019



Nicholas G. Callas S.C. Bar No. 15193
Popowski, Callas & Shirley, P.A.
1430 Blanding Street
Columbia, SC 29201
(803)799-2100
Attorney for Appellant

Other Counsel of Record:

Lee E. Dixon
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Attorney for Respondent American Zurich Ins. Co.

Timothy B. Killen, Esquire
Willson Jones Carter & Baxley, P.A.
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(843)277-0826
Attorney for Respondent SC Uninsured Employees' Fund

Robert M. Cook, II, Esquire
The Robert Cook Law Firm, LLC
128 N. Oak St., Batesburg, SC 29006
(803)317-2171
Attorney for Respondent Metro Construction, Inc.

Certificate of Service

I certify that I have served the Notice of Appeal upon the Respondents by depositing a copy of it in the United States Mail, postage prepaid, on May 29, 2019, to the Counsel of Record, as listed below:

Lee E. Dixon, Esquire
Hedrick Gardner Kincheloe & Garofalo, L.L.P.
1230 Main Street, Ste 325
Columbia, SC 29201

Timothy B. Killen, Esquire
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Ste 100
Mount Pleasant, SC 29464

Robert M. Cook, II, Esquire
The Robert Cook Law Firm, LLC
128 N. Oak St., Batesburg, SC 29006

RECEIVED
MAY 29 2019
SC Court of Appeals

And, I certify that I have served the Notice of Appeal upon the South Carolina Worker's Compensation Commission by depositing a copy of it in the United States Mail, postage prepaid, on May 29, 2019, as listed below:

Amy Bracy, Judicial Director
S.C. Worker's Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Merridy Taylor
Merridy Taylor



Claimant's Name: Gregg Long SSN: -247210249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Road Address: 2526 Ceney Branch Road
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: _____ Work Phone: 803-920-0922 Insurance Carrier: American Zurich Ins. Co.
Preparer's Name: Nikole D. Haliwanger Law Firm: Hedrick Gardner Kincheloe & Garofalo LLP Preparer's Phone #: 803-727-1213

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: 11/20/2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See attached Grounds for Review.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

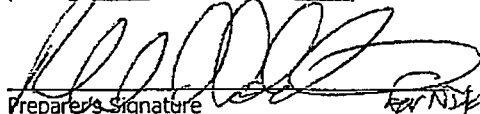
☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nicholas G. Callas

Address Post Office Box 7397, Columbia, SC, 29202 on the 5th day of September 2018, by X first class postage certified mail personal service.


Preparer's Signature

Special Counsel

Title

nhaliwanger@hedrickgardner.com

Email

9/5/18

Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30.

Revised 7/13

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REQUEST FOR COMMISSION REVIEW

Grounds for Review

1. The Single Commissioner erred in not ruling that the capitulation agreement filed by Claimant—who is also the employer, was not the law of the case. Claimant filed a capitulation agreement on May 5, 2015 admitting that he did not have coverage during the timeframe in question.
2. The Single Commissioner erred in Finding of Fact No. 15 in finding that although the July 5, 2014 notice of non-cooperation with preliminary audit letter refers to prior attempts to collect financial information from the Claimant, which no documentation confirming these efforts could be provided by Defendant Zurich as this finding is against the substantial evidence in this case. The Single Commissioner further erred in finding that Timothy Lukes stated that he was unaware of any prior letters sent to Mr. Long as documented in his file and that Claimant testified the he had not received any requests for financial information by Defendant Zurich prior to the July 5, 2014 letter as this finding is against the substantial evidence in this case.
3. The Single Commissioner erred in Finding of Fact No. 18 in finding that the language in the October 23, 2014 notice of non-cooperation with preliminary audit letter sent to the Claimant and Metro Construction could reasonably be construed—and was construed by Mr. Long, that his workers' compensation policy was still in effect as this finding is against the substantial evidence in this case. The Single Commissioner further erred in finding that the statement "failure to allow access for audit of the policy term may result in cancellation of your Workers' Compensation and Employers Liability Insurance Policy" was interpreted by the Claimant that policy coverage was in effect as this finding is against the substantial evidence in this case.
4. The Single Commissioner erred in Finding of Fact No. 19 in finding that after the policy was allegedly cancelled by Defendant Zurich, it mailed the Claimant an earned premium notice requesting an additional payment of \$128.00 on November 5, 2014 as this finding is against the substantial evidence in this case, specifically the evidence contradicts the language "the policy was allegedly cancelled". The Single Commissioner further erred in finding that the policy term specified in the November 5, 2014 letter was "4/4/14.to 4/4/15" and the Claimant paid this bill in full as this this finding is against the substantial evidence in this case, specifically the evidence contradicts this finding's implication that the policy was not properly cancelled.
5. The Single Commissioner erred in Finding of Fact No. 20 in finding that on January 7, 2015 and on January 26, 2015 Defendant Zurich sent the Claimant two earned premium notices requesting an additional payment of \$2,095.00 as this finding is against the substantial evidence in this case, specifically the evidence contradicts this finding's implication that the policy was not properly cancelled.
6. The Single Commissioner erred in Finding that Fact No. 22, which states that the Claimant, who is also the employer, signed a Compliance Agreement with the S.C. Workers' Compensation Commission acknowledging that Metro Construction did not have workers' compensation coverage for the period of August 8, 2014 through December 16, 2014 and that a \$1000.00 penalty was paid to the S.C. Workers' Compensation Commission lead the Single Commission to conclude that Defendant Zurich is the liable party in this claim as this conclusion is contradicted by the finding of fact in itself. The Single Commissioner further erred in finding that the Compliance Agreement specifically states that "executing this agreement does not nullify any defenses the Employer may have for any claim," therefore finding that the Compliance Agreement does not bind the Claimant or prevent him from asserting that coverage was in effect during the afore-stated period as this finding is against the substantial evidence in this case.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

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REQUEST FOR COMMISSION REVIEW

7. The Single Commissioner erred in Finding of Fact No. 25 in finding that the testimony of Timothy Lukes was unclear regarding as to when the 941 form submitted by the Claimant was in the file as this finding is against the substantial evidence in this case.
8. The Single Commissioner erred in Finding of Fact No. 26 in finding that Timothy Lukes was not aware of any actions that Claimant made to comply with the audit and that he never spoke to Mr. Long as this finding is against the substantial evidence in this case.
9. The Single Commissioner erred in Finding of Fact No. 27 in finding that Timothy Lukes did not know if Defendant Zurich had made any attempts to assist Claimant in completing the audit and that Defendant Zurich did not offer the Claimant any assistance in completing its audit as these findings are against the substantial evidence in this case.
10. The Single Commissioner erred in Finding of Fact No. 29 in finding that Timothy Lukes admitted that the language in the July 4, 2014 notice of cancellation was confusing or ambiguous and finding that Mr. Lukes agreed that the notice of cancellation was confusing and would cause the Claimant to believe that there was nothing he could do to solve the problem as these findings are against the substantial evidence in this case, specifically these findings wrongly interprets the transcript testimony.
11. The Single Commissioner erred in Finding of Fact No. 30 in finding that Timothy Lukes' testimony was unclear as to what financial information the Claimant needed to provide Defendant Zurich regarding its audit as this finding is against the substantial evidence in this case as specific testimony of witness Lukes contradicts this finding.
12. The Single Commissioner erred in Finding of Fact No. 31 in finding that Claimant believed he had provided the requested payroll information required by Defendant Zurich, paid all required premiums on time, that he believed coverage was in effect at the time of his work-related accident, and finding that Claimant believed the non-compliance letter from Defendant Zurich dated October 23, 2014 meant that coverage was in effect as these findings are against the substantial evidence in this case and the Commission's own records, which include Claimant's signed capitulation agreement which was filed on May 5, 2015, acknowledging that he did not have coverage during the timeframe in question.
13. The Single Commissioner erred in Finding of Fact No. 32 in finding that the actions taken by the Carrier, Defendant Zurich, and the letters and correspondence sent by the Carrier to the Employer, were confusing as to what was required of the Employer, when it was required, and what would happen if the information was not provided as requested and further finding that the Employer fully paid all premiums required and reasonably and substantially complied with all requests for additional information as these findings are against the substantial evidence in this case. The Single Commissioner further erred in stating the Employer paid for coverage and was entitled to coverage as these findings are against the substantial evidence in this case. The Single Commissioner further erred in implying the Carrier made efforts to cloud the issue as this is improper and against the substantial evidence in this case. Furthermore the Single Commissioner erred in stating Defendant Zurich should not be permitted to take unfair and unwarranted advantage of any confusion that the carrier itself created as this statement is against the substantial evidence in this case and inappropriately implies Defendant Zurich maliciously intended to take advantage of Claimant.
14. The Single Commissioner erred in Finding of Fact No. 33 in finding that Claimant did not commit a substantial breach of the contract pertaining to the audit requirement under the workers' compensation policy, number 6ZZUB-2E14299-A-14 or under Section 38-75-730(A)(4) and finding that Claimant paid his initial premium in

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30
Revised 7/13

30

REQUEST FOR COMMISSION REVIEW

full; continued to provide payroll/financial information to the Carrier and timely paid premium charges upon receipt as these findings are against the substantial evidence in this case.

15. The Single Commissioner erred in Finding of Fact No. 35 in finding that the policy provided by Defendant Zurich (policy number 6ZZUB-2E14299-A-14) was not cancelled and that coverage was in effect on November 20, 2014 when the Claimant suffered injuries while working in the course and scope of his employment and further finding that Defendant Zurich is responsible for providing all benefits to the Claimant that he is entitled un the S.C. Workers' Compensation Act as these findings are against the substantial evidence in this case and are specifically rebuked by the Claimant's signed capitulation agreement filed on May 5, 2015, which Defendants argue should be the law of the case.
16. The Single Commissioner erred in Finding of Fact No. 36 in finding that the Claimant has accumulated over two-million dollars in casually related medical expenses as a result of his work-related accident and that Defendant Zurich is responsible for all past and continuing medical care and bills pursuant to S.C. Code Section 42-16-60(A) as this finding is against the substantial evidence in this case.
17. The Single Commissioner erred in Finding of Fact No. 37 in finding that Claimant was unable to work from November 21, 2014 until October 31, 2015 and that Defendant Zurich is responsible for paying past temporary total benefits to the Claimant for this period at his compensation rate of \$666.17 as this finding is against the substantial evidence in this case.
18. The Single Commissioner erred in Finding of Fact No. 39 in finding that Claimant's testimony at the hearing was strong and clear as this is against the substantial evidence in this case. The Single Commissioner further erred in Finding of Fact No. 30 by including language that states "Claimant became very emotional and stated that this situation had created a very tough time in his life" as this language is inappropriate and does not overcome the substantial probative evidence in this case.
19. The Single Commissioner erred in Conclusion of Law No. 5 in concluding that that there had been no violation of Section 38-75-730(A)(4) as this conclusion is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
20. The Single Commissioner erred in Conclusion of Law No. 6 in concluding that Claimant is not at maximum medical improvement and is in need of additional medical treatment for his work-related injuries and that Defendant Zurich shall provide reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital, and other treatment or care pursuant to Section 42-15-60(A) as this conclusion is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
21. The Single Commissioner erred in Conclusion of Law No. 8 in concluding that per Claimant's memorandum that Crews v. W.R. Crews, Inc., 390 S.C. 15 699 W.E.d2d 189 (Ct. App. 2010), holds that a carrier is to adopt a flexible approach when dealing with an insured who is unable to strictly comply with the policy terms but is making reasonable efforts to do so as this conclusion is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims. Furthermore, Claimant signed a capitulation agreement acknowledging that he did not have coverage during the timeframe in question.
22. The Single Commissioner erred in Conclusion of Law No. 10 in concluding that S.C. Code. Ann. Section 42-5-80(B) states that the insurance agreement must be construed as a direct promise to pay from the carrier to the Claimant as this conclusion is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims and is a misinterpretation of the statute.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30
Revised 7/13

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REQUEST FOR COMMISSION REVIEW

23. The Single Commissioner erred in Conclusion of Law No. 11 in concluding that there is no statute, regulation or binding case law or S.C. Workers' Compensation Commission precedent that provides for the Commission to treat a Claimant who happens to be the business owner, such as Claimant, differently from a Claimant that does not own the business as this conclusion is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
24. The Single Commissioner erred in ordering that Defendant American Zurich was the carrier on the date of accident and has coverage for the injuries sustained by Claimant and are the responsible for payment of all benefits arising from Title 42 as this order is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
25. The Single Commissioner erred in ordering that Defendant shall be responsible for providing the ongoing and future medical care of Claimant including all necessary diagnostic tests and referrals as this order is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
26. The Single Commissioner erred in ordering that the Defendant shall pay for all past, current, and future causally-related medical benefits pursuant to Section 42-15-60 as this order is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.
27. The Single Commissioner erred in ordering that Defendant shall pay the Claimant through his attorney the sum of \$32,832.65 for payment of past temporary total benefits as a result of the injuries that he sustained on November 20, 2014 as this order is not supported by the substantial evidence in this case or the applicable laws governing workers' compensation claims.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30
Revised 7/13

30

REQUEST FOR COMMISSION REVIEW

CERTIFICATE OF SERVICE

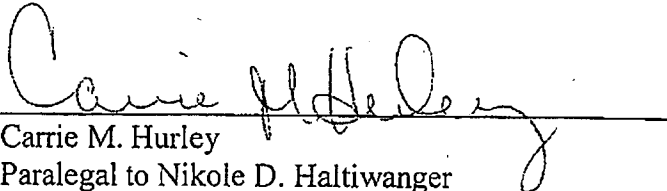
This is to certify that a copy of the foregoing Form 30, Request for Commission Review, has been served upon the following parties by placing the same in the United States mail, first class postage prepaid, addressed to their office as shown below this the 5th day of September, 2018.

Mr. Nicholas G. Callas
Popowski, Callas & Shirley, PA
Post Office Box 7397
Columbia, SC 29202

Mr. Timothy B. Killen
Holder Padgett Littlejohn & Prickett, LLC
349 W. Coleman Blvd., Suite 300
Mount Pleasant, SC 29464

Lisa Glover
SC Uninsured Employers Fund
P.O. Box 210039
Columbia, SC 29221

Robert M. Cook II
The Robert Cook Law Firm, LLC
P.O. Box 3575
Batesburg-Leesville, SC 29070


Carrie M. Hurley
Paralegal to Nikole D. Haltiwanger
Hedrick Gardner Kincheloe & Garofalo LLP
1230 Main Street, Suite 325
Columbia, SC 29201
803-727-1213

Attorneys for Defendants

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov



WCC File #: 1423018
Carrier File #: 2014-4437
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd. Address: 2526 Caney Branch Rd.
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: 803-920-0922 Work Phone: _____ Insurance Carrier: American Zurich Ins. Co.
Preparer's Name: Timothy B. Killen Law Firm: HPLP, LLC Preparer's Phone #: 843-277-08217

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ UEF Date of Injury or Illness: November 20, 2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

The Single Commissioner erred in matters of fact and law in Findings of Fact Four (4), Five (5), Seven (7), Twenty-Three (23), Twenty-Four (24), and Thirty-Eight (38) are contrary to the greater weight of the evidence and contrary to law. The Single Commissioner erred in Conclusions of Law Six (6), Seven (7), and Eleven (11), as such Conclusions are against the greater weight of the evidence and contrary to law. The Single Commissioner erred in Ordering that Claimant suffered a compensable injury by accident Four (24) of the Single Commissioner's Decision and Order), as such Orders are contrary to the greater weight of the evidence and contrary to law.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nicholas Callas, Esquire at nick@ccslawyer.com, Robert M Cook, II, Esquire at robcook1965@yahoo.com, and Nikole Haltiwanger, Esquire at nhaltiwanger@hedrickgardner.com on the 5th day of September 2018, by: ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service.

Preparer's Signature

Attorney for UEF/Appellant
Title
tkillen@hplplaw.com
Email

9/5/2018
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1423018
Carrier File #
Carrier Code #
Employer FEIN

Gregg Long 247-21-0249
Claimant's Name SSN
2550 Home Road Leesville SC 29070
Address City State Zip
(803) 920-0922
Home Phone Work Phone
Date of Injury: 11/20/2014

Metro Construction, Inc.
Employer's Name
2526 Ceney Branch Road Leesville, SC 29070
Address City State Zip
American Zurich Ins. Co.
Insurance Carrier

Nikole H. Haltiwanger
Preparer's Name

(803) 727-1200
Phone #

Date of Injury or Illness: 11/20/2014

Estimated time for hearing: 1 hour

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.
The employer-insurance carrier in answer to the claim, respectfully shows:

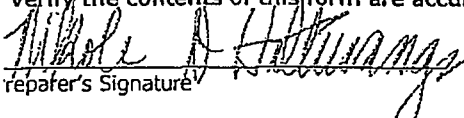
1. It is ☐ Admitted ☒ Denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
American Zurich denies it has coverage for this claim. Further, American Zurich denies Claimant sustained a compensable injury by accident.
2. It is ☐ Admitted ☒ Denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1.
3. It is ☐ Admitted ☒ Denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1.
4. It is ☐ Admitted ☒ Denied that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1.
5. It is ☐ Admitted ☒ Denied that notice of injury was given the employer. The reasons for denial are:
See No. 1.
6. It is ☐ Admitted ☒ Denied that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are:
See No. 1.
7. It is ☐ Admitted ☒ Denied that the employee is entitled to TTD for the period(s) of:
See No. 1.
8. It is ☐ Admitted ☒ Denied that the employee is permanently disabled. The reasons for denial are:
See No. 1.
9. It is ☐ Admitted ☒ Denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The defendants are not aware of any affirmative defenses. However, if further discovery reveals the basis for any affirmative defenses, the defendants will amend this answer to assert those defenses.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

verify the contents of this form are accurate and true to the best of my knowledge.


Preparer's Signature Attorney Title

nhaltiwanger@hedrickgardner.com
Email

October 20, 2017
Date

Refer to R.67-204 and R.67-210 and R.67-601 through R.67-615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd Address: 2526 Caney Branch Rd
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: Work Phone: (803) 920-0922 Insurance Carrier: American Zurich
Preparer's Name: Timothy B. Killen Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-0831

Date of Injury or Illness: 11/20/2014

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Claim is either covered by the American Zurich policy or not compensable, as Claimant was a sole proprietor (or president of a corporation in forfeiture) and failed to secure coverage for himself. UEF asserts that Claimant should be named as a defendant in order to ensure substantive and procedural due process.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See No. 1
6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See No. 1
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1. Also, no evidence of such.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
10. It is contended that an average weekly wage of \$ UNKNOWN applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
UEF reserves the right to amend and to assert defenses as it becomes aware of them.

Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

Verify that I have served this document pursuant to R.67-212 by delivering a copy to: Nicholas G. Callas, PO Box 7397, 1430 Blanding St, Columbia, SC 29202; Giles Gregory Long, R/A, Metro Construction, Inc., 2526 Caney Branch Rd., Leesville, SC 29070; Nikole D. Haltiganger, Esquire, PO Box 11267, Columbia, SC 29211; and David J. Remann, Esquire, PO Box 11267, Columbia, SC 29211 and Judicial Director, SC WCC, PO Box 1715, Columbia, SC 29202 on the 13th day of October, 2017 by ☒ class mail ☐ personal service ☐ certified mail.

Verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney for the UEF
Title

tbkillen@wjlaw.net
Email

10/13/2017
Date

Michelle M. Adams
Preparer, Michelle M. Adams

to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or me-90-n@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

DEFENSES

The Uninsured Employers' Fund is informed and believes that the capitulation agreement with Commission was signed by Claimant. All affirmative and specific defenses (see Reg. 67-603), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and fraud in the application for employment; fraud in the procurement to sign Form 15; fraud in the initiation of the claimant for benefits; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related.

Claimant reserves the right to amend this Answer and plead additional defenses. This form is filed to comply with the South Carolina Workers Compensation Commission regulations.

On information and belief, American Zurich may have coverage for this claim as it accepted payment for reinstatement prior to the date of accident.

- ☐ does not represent the allegedly uninsured employer, which is also the Claimant.
- ☐ is not an agent for the allegedly uninsured employer, which is also the Claimant.
- ☐ is not a carrier for the allegedly uninsured employer, which is also the Claimant.



Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Road Address: 2526 Caney Branch Road
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: 803-920-0922 Work Phone: _____ Insurance Carrier: See attached
Preparer's Name: Nicholas G. Callas Law Firm: Popowski, Callas & Shirley, P.A. Preparer's Phone #: 803-799-2100

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
2. Briefly describe how the accident occurred. Claimant injured entire body while disposing of company products.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.
- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
☒ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☒ 9a. ☒ A determination of permanent disability is premature at this time.
- ☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined
- 10a. At the time of the injury, the Claimant was paid weekly wages of Sneed Form 20, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer
11. Further grounds or unusual aspects of claim: None
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmetto Health Richland, 5 Richland Medical Park, Columbia, SC 29203; Joseph Still Burn Center, 1220 George C. Wilson Drive, Augusta, GA 30909
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 1 hour

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See attached

Address See attached on the 21 day of September 2017, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: _____ Attorney: _____ Nick@pcslawyer.com _____ Date: 9/20/17
Title: _____ Email: _____



Claimant's Name:	Gregg Long	Employer's Name:	Metro Construction, Inc.
Address:	2550 Home Road	Address:	2526 Ceney Branch Road
City:	Leesville State: SC Zip: 29070	City:	Leesville State: SC ZIP 29070
Home Phone:	Work Phone 803-920-0922	Carrier:	American Zurich Ins. Co.
Preparer's Name:	Nikole D. Haltiwanger	Preparer's Phone #:	803-727-1200

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: N/A 2. AWW: \$N/A Date of Injury: 11/20/2014
3. Type of injury and body part(s): Pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
4. Facts in controversy: (1) Whether Claimant sustained a compensable injury as defined by the Act; (2) If so, to what benefits is Claimant entitled; (3) Whether Zurich properly cancelled Metro Construction, Inc.'s policy 6ZZUB-2E14299-A-14; (4) Whether Zurich or the SCUFE should provide benefits pursuant to the Act?
5. Legal issues involved: §42-1-160, §42-15-60, §42-9-10, §38-75-730, Reg.67-411(c), Reg. 67-416
6. Unusual aspects: Defendant Zurich is reviewing its file to ensure it has copies of all communications made involving this policy.
7. Witnesses (designate if expert)* Claimant, anyone named by Claimant, anyone named by any other defendant, Roshni Ghayal or other Zurich

Underwriting representative; Zurich reserves the right to call rebuttal witnesses if needed.

8. Exhibits: Complete copy of policy; Insurance Application; 4/14/14 Policy Binder; 7/4/14 Cancel Notice; 7/5/14 Notice of Non-Cooperation with Preliminary Audit; Proof of NCCI cancellation/NCCI Policy Data Collection screen; 9/19/14 Premium Audit Notice; 10/23/14 Notice of Non-Cooperation with Preliminary Audit; 11/3/14 Premium Adjustment Notice; 11/5/14 Earned Premium statement; 1/5/15 Premium Adjustment Notice; 1/7/15 Earned Premium statement; 1/26/15 Earned Premium statement. Defendant Zurich reserves the right to provide additional documentary evidence Related to the cancellation upon receipt.

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) Zurich relies on medical evidence submitted by Claimant.

10. Name, address, and specialty, if any, of the treating physician: Zurich relies on physician submitted by Claimant.

11. Impairment rating(s); body part(s); physician and date of opinion: Premature

12. I am amending my Form 50/51 in the following manner n/a

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in impasse.
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this Form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nicholas G. Callas,

Address P.O. Box 7397, Columbia, SC 29201 on the 10th day of July, 2017, by ☒ first class postage ☐ certified mail ☐ personal service

Signature: Nikole D. Haltiwanger Email: nhaltiwanger@hedrickgardner.com

Date of Hearing July 19, 2017 Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 57-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC NO. 1423018

GREGG LONG,

Claimant,

vs.

METRO CONSTRUCTION, INC.,

Employer,

and

AMERICAN ZURICH INS. CO.,

Carrier.

DEFENDANT AMERICAN ZURICH
INSURANCE COMPANY
NOTICE OF WITNESSES AND
WRITTEN REPORT(S) PHYSICIAN OR
OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF THE
CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
NICHOLAS G. CALLAS, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE carrier, American Zurich Insurance Company, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code §1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence on behalf of the carrier, to wit:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
	Zurich relies on the medical evidence submitted by Claimant		

TAB	EXHIBIT	NO.
A	Complete copy of policy	742-790
B	Insurance Application	791-798
C	4/14/14 Policy Binder	799-801
D	7/4/14 Cancel Notice	802
E	7/5/14 Notice of Non-Cooperation with Preliminary Audit	803-804
F	Proof of NCCI cancellation/NCCI Policy Data Collection screen	805
G	9/19/14 Premium Audit Notice	806-810
H	10/23/14 Notice of Non-Cooperation with Preliminary Audit	811-812
I	11/3/14 Premium Adjustment Notice	813-816
J	11/5/14 Earned Premium statement	817-818
K	1/5/15 Premium Adjustment Notice	819-822

L	1/7/15 Earned Premium statement	823-824
M	1/26/15 Earned Premium statement	825

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer/carrier.

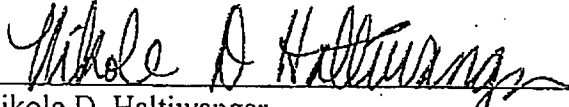
YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Claimant

Anyone named by Claimant

Roshni Ghayal or other representative of Zurich Underwriting.

Defendant reserves the right to call rebuttal witnesses if needed.


 Nikole D. Haltiwanger
 Hedrick Gardner Kincheloe & Garofalo LLP
 1301 Gervais Street, Suite 1900
 Columbia, SC 29201
 803-727-1213
 Attorneys for Defendant, American Zurich
 Insurance Company

July 10, 2017



Claimant's Name: Giles Gregory Long Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd Address: 2526 Caney Branch Rd
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: _____ Work Phone: (803) 920-0922 Carrier: American Zurich Co. / UEF acting
Preparer's Name: Timothy B. Killen Preparer's Phone #: (843) 284-0831

claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ TBD 2. AWW: \$ TBD Date of Injury: 11/20/2014
3. Type of injury and body part(s): Claimant alleges injuries to his pulmonary, respiratory, and digestive systems, as well as to his back, ears, eyes, lungs, stomach, both arms, both legs, and both hands with skin loss and scarring.
4. Facts in controversy: (1) Whether there is an employment relationship between the Claimant and the Employer; (2) whether Employer's corporate veil can be pierced; (3) Whether compliance agreement (negotiated by Claimant's attorney) is effective against Employer; (4) Whether Claimant, as a president of Employer, rejected the Act by failing to maintain insurance coverage, if his prior coverage is determined to have lapsed; (5) Whether American Zurich properly cancelled its coverage; (6) Whether Claimant is subject to personal liability as a result of the purported failure to maintain coverage under §§ 42-7-200, 15-19-10, and 33-14-220; and (7) whether Employer was exempt at the time it elected to be subject to the Act per § 42-1-390. (8) If claim is compensable, which body part or parts were injured and what body part or parts require further medical care and treatment. (9) What is Claimant's AWW/CR; (10) Whether Employer, Carrier, and/or Fund is entitled to credit for salary paid in lieu of TTD since date of accident.
5. Legal issues involved: See Number Four (4), above.
6. Unusual aspects: Claimant has filed a claim against alleged Employer, for whom is the President and sole shareholder.
7. Witnesses (designate if expert):* Claimant/Employer.
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: N/A
11. Impairment rating(s); body part(s); physician and date of opinion: Unknown.
12. I am amending my Form 50/51 in the following manner: N/A

Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

Verify the contents of this form are accurate and true to the best of my knowledge.

Verify that I have served this document pursuant to R.67-212 by delivering a copy to: Nicholas G. Callas, Esq., PO Box 7397, Columbia, SC 29202; Nikole D. Haltiwanger, PO Box 11267, Columbia, SC 29211; Metro Construction, Inc., 2526 Caney Branch Rd, Leesville, SC 29070 on the 10th day of July, 2017 by ☒ first class mail ☐ airmail service ☐ certified mail.

Michelle Adams
Attorney, Michelle M. Adams

Signature:

Timothy B. Killen, Willson Jones Carter & Baxley, P.A.

Email: tbkillen@wjlaw.net

Dating: 07/19/2017

-96- Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

58

PRE-HEARING BRIEF

Revised 7/13



Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd Address: 2526 Caney Branch Rd
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: _____ Work Phone: (803) 920-0922 Insurance Carrier: American Zurich Ins. Co. / UEF acting
Timothy B. Killen 421 Wando Park Blvd, Ste 100, Mount Pleasant, SC 29464 (843) 284-0831
Preparer's Name Address Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND NICHOLAS G. CALLAS, ESQUIRE, ATTORNEY FOR CLAIMANT
AND NIKOLE D. HALTIWANGER, ESQUIRE, ATTORNEY FOR AMERICAN ZURICH INSURANCE COMPANY
AND METRO CONSTRUCTION, INC., EMPLOYER

YOU ARE HEREBY NOTIFIED THAT UNINSURED EMPLOYERS FUND, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Uninsured Employers Fund, to wit:

NAME OF PHYSICIAN/OTHER

DATE OF REPORT

PAGE

EXH (A) SC SOS Articles of Incorporation	09/14/99	742-743
EXH (B) 2015 Individual Income Tax Return 1040		744-745
EXH (C) 2014 Individual Income Tax Return 1040		746-747
EXH (D) 2013 Individual Income Tax Return 1040		748-749
EXH (E) 2014 Corporation Income Tax Return	12/30/15	750-786
EXH (F) 2013 Corporation Income Tax Return	01/27/16	787-818
EXH (G) 2015, 2014, 2013 W-2s		819-820
EXH (H) Insurance Agent's Policy docs	01/15/16	821-914
EXH (I) Title to Real Estate	08/12/04	915
EXH (J) SC SOS Business Entities Online		916
EXH (K) Compliance Agreement	05/05/15	917-918
EXH (L) Claimant Questionnaire	05/04/15	919-920
EXH (M) UEF Investigative File	12/08/15	921-963

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for inclusion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the Uninsured Employers Fund.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Uninsured Employers Fund: See Pre-Hearing Brief.

W. Willson Jones Carter & Baxley, P.A.

Timothy B. Killen

Willson Jones Carter & Baxley, P.A.

421 Wando Park Boulevard, Suite 100

Mount Pleasant, SC 29464

July 10, 2017

July 19, 2017

(hearing date)



Claimant's Name: Giles Long
Address: 2550 Home Road
City: Leesville State: SC Zip: 29070
Home Phone: 803-920-0922 Work Phone: _____
Preparer's Name: Nicholas G. Callas

Employer's Name: Metro Construction, Inc.
Address: 2526 Caney Branch Road
City: Leesville State: SC Zip: 29070
Carrier: American Zurich Ins. Co., SC Uninsured Employers' Fund
Preparer's Phone #: (803) 799-2100

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive

1. Compensation Rate: \$Need Form 20 2. AWW: \$Need Form 20 Date of Injury: 11/20/2014
3. Type of injury and body part(s): pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
4. Facts in controversy: 1) To determine which defendant(s) is/are responsible for payment of causally related medical expenses and past-due temporary total disability benefits
5. Legal Issues Involved: §42-9-20, 42-9-30, S.C. Reg. 67-1605, Ulica-Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E. 2d at 589, James v. Anne's Inc. et. al., 390 S.C. 188, 701 S.E. 2d 730, Dodge v. Brucoli and any other applicable statutory or case law.
6. Unusual aspects:
7. Witness (designate if expert): *Claimant; Claimant reserves the right to call additional witness as well as Defendants' witnesses.
8. Exhibits: Deposition transcript of Claimant and Defendants' witnesses; Correspondence with Defendants and /or their agents
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Pursuant to APA submissions
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health Richland, 5 Richland Medical Park, Columbia, SC 29203; Joseph Still Burn Center, 3651 Wheeler Road, Augusta, GA 30909
11. Impairment rating(s); body part(s); physician and date of opinion: None
12. I am amending my Form 50/51 in the following manner: N/A

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See attached Affidavit of Mailing

address See attached Affidavit of Mailing on the 9th day of July 2017, by first class postage certified mail personal service.

Signature _____

Email: Nick@pcslawyer.com

Date of hearing: July 19, 2017

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.



Claimant's Name: Giles Long

Address: 2550 Horne Road

City: Leesville State: SC Zip: 29070

Home Phone: 803-920-0922

Work Phone: _____

Preparer's Name: Nicholas G. Callas

Employer's Name: Metro Construction, Inc.

Address: 2526 Caney Branch Road

City: Leesville State: SC Zip: 29070

Carrier: American Zurich Ins. Co., SC Uninsured Employers' Fund

Preparer's Phone #: (803) 799-2100

TO: South Carolina Workers' Compensation Commission and Nikole Haltiwanger and Timothy Killen, Attorney for Defendants

YOU ARE HEREBY NOTIFIED THAT CLAIMANT/EMPLOYEE, pursuant to the provisions of Rule 67-612 of the South Carolina Workers' Compensation Commission and Chapter 23, Article 1, Section 1-23-330 (1) Code of Laws of South Carolina, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the claimant, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>NO. OF PAGES</u>
APA#1 – Palmetto Health Richland	11/21/2014	pp. 1-35
APA#2 – Joseph Still Burn Center	11/21/2014 – 5/22/2015	pp. 36-655
APA#3 – Medical Bills	11/20/2014 – 1/26/2015	pp. 656 – 741

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Worker's Compensation Commission and inclusion into the evidence on behalf of the claimant/employee.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the claimant/employee: Claimant reserves the right to call any witnesses listed by the defendants.

Nicholas G. Callas
1430 Blanding Street, P.O. Box 7397
Columbia, S.C. 29202

7/5/17
Date

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

DOCUMENT NAME: Transfer Summary
SERVICE DATE/TIME: 11/21/2014 14:42 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Ferris MD, Mead B (11/21/2014 14:42 EST)
SIGN INFORMATION: Fry MD, William R (11/21/2014 17:21 EST); Ferris MD, Mead B (11/21/2014 15:44 EST)

Transfer Summary

PATIENT: TRAUMA, M141174 DICT: Mead Ferris, MD-R
MR #: 016708707
ADMITTED: 11/20/2014 DOB: 09/17/1959
DISCHARGED: 11/21/2014 PT.LOC: STU

ATTENDING PHYSICIAN: William Robert Fry, MD

TRANSFER DIAGNOSES:

1. Status post dynamite explosion with blast injury.
2. Greater than 25% total body surface area burns.
3. Respiratory failure.
4. Pulmonary contusions.
5. Hemodynamic instability.
6. Benign intraperitoneal gas.
7. Metabolic and respiratory acidosis.
8. Bilateral maxillary sinus fractures.
9. Bilateral orbital fractures.
10. Bilateral corneal abrasions.
11. Left lower extremity soft tissue avulsion.
12. History of pre-diabetes.

CONSULTATIONS:

1. Ophthalmology, Dr. John Wells.
2. Facial Trauma, Dr. Chishom.
3. Case management

PROCEDURES:

1. Diagnostic laparoscopy, left subclavian central venous catheter placement and diagnostic bronchoscopy performed on 11/20 performed by Dr. William Fry.

BRIEF HISTORY AND HOSPITAL COURSE: The patient is a 55-year-old white male who presented to Palmetto Health Richland Emergency Department as a trauma alert after being involved in a dynamite blast explosion. The patient underwent rapid sequence intubation en route to the hospital. On arrival the patient was evaluated and resuscitated according to ATLS guidelines. He was noted to have extensive burns anteriorly to the abdomen, chest, bilateral upper extremities and face. The patient was also noted to have a soft tissue avulsion to the left lower

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MRN: R016708707

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Attending Physician: Fry MD, William R
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Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

extremity. CT imaging was obtained and noted the above mentioned injuries. The patient was taken to the operating room by Dr. William Fry for diagnostic laparoscopy. There were no intra-abdominal injuries identified. Postoperatively the patient was admitted to the Trauma Surgery Service and taken to the STICU for critical care. This included mechanical ventilation, fluid resuscitation with lactated ringers and hypertonic saline. The patient became hypotensive despite the fluid resuscitation and required vasopressor support. At one point he was on three vasopressors norepinephrine, vasopressin and Neo-Synephrine. An echocardiogram was performed and the unofficial report was no wall motion abnormalities with hyperdynamic left ventricular function. The patient was given fentanyl and versed drips for pain control and sedation. He was given a insulin drip for hyperglycemia. Diagnostic bronchoscopy was performed and noted no obvious inhalation airway injury. Ophthalmology was consulted for risk of ocular injury. He was noted to have bilateral corneal abrasions with both globes were intact. The patient's fluid resuscitation was based on his urinary output and titrated in an attempt to maintain the urine output greater than 50 cc per hour. Serial blood work and ABGs were performed. His vent settings were weaned appropriately based on his ABGs. The patient received wound care to his burn with Silvadene cream and moist towels. The patient's left lower extremity soft tissue avulsion dressed with damp to dry gauze. On hospital day number two the patient improved in terms of his respiratory and cardiovascular status. The patient was also weaned from vasopressor support. NeoSynephrine and vasopressin were discontinued and the patient was stable on 10 mcg per hour of levo. The patient was started on prophylactic Lovenox for DVT prophylaxis. He was given IV Protonix for GI prophylaxis. Trophic enteral feeds were given on hospital day number two. The patient was seen and examined by the Trauma Surgery Team and attending surgeon, Dr. William Fry, on hospital day number two at which time he was considered to be appropriate for transfer to the Burn Center for further care.

CONDITION AT TIME OF TRANSFER: Stable.

DISPOSITION: Augusta Burn Center Dr. Brian Mullins.

TRANSFER MEDICATIONS: Please refer to the medication reconciliation.

TRANSFER INSTRUCTIONS: Recommend CT angiogram of the neck and brain to rule out blunt vascular injury, facial trauma consultation for facial fractures, possible plastic surgery consultation for lower extremity wound soft tissue coverage. The Trauma Surgery Service at Palmetto Health Richland will be available for any assistance needed in regards to this patient's care.

D: 11/21/2014 14:35 T: 11/21/2014 14:42 TID: kvh
Job #: 06218 Doc #: 41219050
cc: Mead Ferris, MD-R

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
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LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

William Robert Fry, MD

Pt seen and examined with residents. Discussed vent management, DVT prophylaxis, nutrition, fluid, acid/base/, pressors, and therapy needs. Agree with assessment and plan of care.
Critical care time 30 min.

W Fry, MD

Electronically Signed & Verified on 11/21/2014 15:44
by Ferris MD, Mead B

Electronically Signed & Verified on 11/21/14 17:21
by Fry MD, William R

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	11/21/2014 13:54 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Ferris MD, Mead B (11/21/2014 14:25 EST)
SIGN INFORMATION:	Fry MD, William R (11/21/2014 17:24 EST); Ferris MD, Mead B (11/21/2014 15:04 EST); Ferris MD, Mead B (11/21/2014 15:01 EST); Ferris MD, Mead B (11/21/2014 14:25 EST)

STICU Progress Note

Patient: LONG, GYLES GREGORY MRN: R016708707 FIN: R1432401153
Age: 55 years Sex: Male DOB: 09/17/59
Associated Diagnoses: None
Author: Ferris MD, Mead B

Chief Complaint

55yo male involved in dynamite explosion with blast injury

24hr: diagnostic lap with no intra-abdominal injuries. resuscitation and vasopressor support overnight. pressors weaned to just levo this afternoon. wound care and ophtho consult. remains intubated and sedated.

Review of Systems
Status

Health Status

Allergies:

Allergic Reactions (Selected)

NKA,

Allergies (1) Active

Reaction

NKA

None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

1 RX Critical Care Adult Intravenous Insulin Management of Hyperglycemia: Follow guideline, daily, Start Date: 11/20/14 16:46:00
Dextrose 50% Abboject: 25 gram, = 50 mL, Inj, IV, On call, PRN, Blood Glucose, Administer for blood glucose below 50mg/dL.
Recheck glucose every 15 minutes until blood glucose is 70mg/dL or higher, Routine, Start Date: 11/20/14 16:46:00
Diphtheria-Tetanus toxoids Adult: 0.5 mL, Inj, IM, OT, NOW, Start Date: 11/21/14 13:53:00, Stop date 11/21/14 13:53:00

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MRP Clinical Documentation

Electrolyte Replacement Guidelines, Adult IV Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily. Start Date: 11/20/14 11:04:00
LR 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 11/20/14 14:43:00, @ 200 mL/hr, 5 hr
NS 0.9% 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 11/21/14 8:33:00, @ 100 mL/hr, 10 hr, 110.2, kg
Novolin R - IV Bolus: Bolus IV, Inj, IV, As Directed, PRN, Blood Glucose, All bolus doses should be administered from insulin vial only, Routine, Start Date: 11/20/14 16:46:00
Pharmacy Nursing Communication: Sedatives should not be given until VAS or CPOT is 0 to 2 and RASS is still documented greater than +2. q12hr(s), Start Date: 11/20/14 11:04:00
Protonix: 40 mg, Inj, IV, daily, Routine, Start Date: 11/20/14 11:15:00
Silvadene: 1 app, Crm, TOP, 2xdaily, Routine, Start Date: 11/20/14 18:00:00
Vigamox: 1 drop(s), Soln, BOTH EYES, 4xdaily, Routine, Start Date: 11/20/14 18:05:00
bacitracin ophthalmic: 1 app, Oint, BOTH EYES, 4xdaily, apply to upper and lower eyelid wounds, Routine, Start Date: 11/20/14 18:12:00
erythromycin ophthalmic 0.5% ointment: 1 app, Oint, BOTH EYES, 4xdaily, apply ointment to eyes AFTER putting in vigamox eyedrops, Routine, Start Date: 11/20/14 18:04:00
fentanyl (IV additive) 1,350 mcg + Premix 135 mL: 135 mL, 135 mL = Total Volume, IV, Begin at 100 mcg/hr. If patient requires more than 4 boluses in 1 hour increase the infusion rate by 25 mcg/hr every 1hr until pain controlled (pain score less than 2). Max dosage 300 mcg/hr. Notify MD if target pain...
insulin regular (IV Additive) 250 units + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Follow "No previous history of diabetes" Table 1 in the critical care 1 RX Adult Intravenous Insulin Management of Hyperglycemia Guideline, Routine, Start Date: 11/20/14 16:46:00, Titrate
midazolam (IV additive) 100 mg + Sodium Chloride 0.9% 100 mL: 100 mL, 100 mL = Total Volume, IV, Routine, Start Date: 11/20/14 16:09:00, Titrate
norepinephrine 16 mg + Dextrose 5% in Water 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 11/20/14 16:29:00, Titrate
phenylephrine (IV Additive) 20 mg + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 11/20/14 19:57:00, Titrate
vasopressin 100 units + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 11/20/14 18:26:00, As Directed

Histories

Past Medical History

No active or resolved past medical history items have been selected or recorded..

Past Surgical History

Laparoscopic Diagnostic (Gen) on 11/20/2014 at 55 Years.

Comments:

11/20/2014 15:44 - Parker RN, Fran G

auto-populated from documented surgical case

Irrigation and Debridement Lower Extremi (Bilateral) on 11/20/2014 at 55 Years.

Comments:

11/20/2014 15:44 - Parker RN, Fran G

auto-populated from documented surgical case.

Family History

No family history items have been selected or recorded..

Physical Examination
VS/Measurements

Vitals Signs (last 24

hrs)

Last Charted

Minimum

Maximum

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

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2526 CANEY BRANCH RD
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MRP Clinical Documentation

Resp Rate	L 11	(NOV 21 13:45)	C 8	(NOV 20 15:19)	H 30	(NOV 20 17:00)
SBP	114	(NOV 21 13:45)	77	(NOV 20 18:30)	142	(NOV 21 09:45)
DBP	61	(NOV 21 13:45)	57	(NOV 20 16:15)	98	(NOV 20 16:30)

General: intubated, sedated.
Eye: Pupils are equal, round and reactive to light.
HEENT: Normocephalic.
Neck: Supple.
Respiratory: coarse bs bilaterally.
Cardiovascular: Normal rate, Regular rhythm, Good pulses equal in all extremities.
Gastrointestinal: Soft, distended, hypoactive bs.
Genitourinary: Foley in place with clear yellow urine.
Musculoskeletal: No swelling, No deformity.
Integumentary: burn/abrasions anteriorly from groin to forehead (20% TBSA).
Neurologic: RASS:.

Objective
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum	Maximum
Resp Rate	L 11 (NOV 21 13:45)	C 8 (NOV 20 15:19)	H 30 (NOV 20 17:00)
SBP	114 (NOV 21 13:45)	77 (NOV 20 18:30)	142 (NOV 21 09:45)
DBP	61 (NOV 21 13:45)	57 (NOV 20 16:15)	98 (NOV 20 16:30)

Results review:

Labs (Last four charted values)

WBC	7.2 (NOV 21)	10.2 (NOV 21)	H 13.1 (NOV 20)	H 18.8 (NOV 20)
Hgb	L 12.5 (NOV 21)	L 13.6 (NOV 21)	14.1 (NOV 20)	13.7 (NOV 20)
Hct	L 36.9 (NOV 21)	L 39.6 (NOV 21)	L 39.7 (NOV 20)	L 39.3 (NOV 20)
Plt	195 (NOV 21)	249 (NOV 21)	265 (NOV 20)	245 (NOV 20)
Na	H 149 (NOV 21)	H 148 (NOV 21)	H 146 (NOV 20)	143 (NOV 20)
K	H 5.4 (NOV 21)	H 5.5 (NOV 20)	4.2 (NOV 20)	3.9 (NOV 20)
CO2	22 (NOV 21)	21 (NOV 20)	23 (NOV 20)	26 (NOV 20)
Cl	H 118 (NOV 21)	H 115 (NOV 20)	H 112 (NOV 20)	H 112 (NOV 20)
Cr	1.3 (NOV 21)	H 1.4 (NOV 20)	1.2 (NOV 20)	1.2 (NOV 20)
BUN	13 (NOV 21)	13 (NOV 20)	12 (NOV 20)	13 (NOV 20)
Glucose	H 211 (NOV 21)	H 247 (NOV 20)	H 273 (NOV 20)	H 266 (NOV 20)
Mg	L 1.7 (NOV 21)	2.1 (NOV 21)	H 2.7 (NOV 20)	L 1.5 (NOV 20)

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

PL Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

Phos	2.7	(NOV 21)	3.2	(NOV 21)	3.1	(NOV 20)	4.4	(NOV 20)
Ca	L 7.4	(NOV 21)	L 8.0	(NOV 21)	8.8	(NOV 20)	L 7.3	(NOV 20)
INR	1.3	(NOV 21)	1.2	(NOV 21)	1.1	(NOV 20)	1.2	(NOV 20)
PTT	36.0	(NOV 21)	34.9	(NOV 21)	32.7	(NOV 20)	32.0	(NOV 20)
Troponin	C 1.18	(NOV 20)						

Review/Management

Results review:

Labs (Last four charted values)

WBC	7.2	(NOV 21)	10.2	(NOV 21)	H 13.1	(NOV 20)	H 18.8	(NOV 20)
Hgb	L 12.5	(NOV 21)	L 13.6	(NOV 21)	14.1	(NOV 20)	13.7	(NOV 20)
Hct	L 36.9	(NOV 21)	L 39.6	(NOV 21)	L 39.7	(NOV 20)	L 39.3	(NOV 20)
Plt	195	(NOV 21)	249	(NOV 21)	265	(NOV 20)	245	(NOV 20)
Na	H 149	(NOV 21)	H 148	(NOV 21)	H 146	(NOV 20)	143	(NOV 20)
K	H 5.4	(NOV 21)	H 5.5	(NOV 20)	4.2	(NOV 20)	3.9	(NOV 20)
CO2	22	(NOV 21)	21	(NOV 20)	23	(NOV 20)	26	(NOV 20)
Cl	H 118	(NOV 21)	H 115	(NOV 20)	H 112	(NOV 20)	H 112	(NOV 20)
Cr	1.3	(NOV 21)	H 1.4	(NOV 20)	1.2	(NOV 20)	1.2	(NOV 20)
BUN	13	(NOV 21)	13	(NOV 20)	12	(NOV 20)	13	(NOV 20)
Glucose	H 211	(NOV 21)	H 247	(NOV 20)	H 273	(NOV 20)	H 266	(NOV 20)
Mg	L 1.7	(NOV 21)	2.1	(NOV 21)	H 2.7	(NOV 20)	L 1.5	(NOV 20)
Phos	2.7	(NOV 21)	3.2	(NOV 21)	3.1	(NOV 20)	4.4	(NOV 20)
Ca	L 7.4	(NOV 21)	L 8.0	(NOV 21)	8.8	(NOV 20)	L 7.3	(NOV 20)
INR	1.3	(NOV 21)	1.2	(NOV 21)	1.1	(NOV 20)	1.2	(NOV 20)
PTT	36.0	(NOV 21)	34.9	(NOV 21)	32.7	(NOV 20)	32.0	(NOV 20)
Troponin	C 1.18	(NOV 20)						

Lines and Tubes

Impression and Plan

Diagnosis:

55yo male involved in dynamite explosion with blast injury

>25% TBSA anteriorly from groin to forehead 2nd degree burns to lower abdomen with more scattered distribution of abrasions over chest/neck/face
respiratory failure
pulmonary contusions
hemodynamic instability
benign pneumoperitoneum
metabolic and respiratory acidosis
bilateral maxillary sinus fractures
bilateral orbital fractures
bilateral corneal abrasions

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

left lower extremity soft tissue avulsion
hx of prediabetes

Neuro: CT imaging negative for head or cervical spine injury, cont fentanyl and versed gits for pain and sedation, consider CTA neck to rule out blunt vascular injury

CVS: hemodynamic instability requiring vasopressors, was on levo vasopressin and neo, weaned to levo this morning, 11/20 ECHO unofficial report no wall motion abnormalities with hyperdynamic LV function

Resp: pulm contusions and resp failure, improving oxygenation on this morning's ABG, currently SIMV 40%/10/12, CXR stable

GI: scattered intraperitoneal gas on CT imaging s/p diagnostic lap 11/20, no intra-abdominal injuries identified, will give enteral feeds and bowel regimen

GU: BUN/Cr stable, urine output > 100 cc/hr, cont foley for ongoing resuscitation and strict I&Os

ID: afebrile and WBC 7k, monitor

Endo: hyperglycemia with hx of prediabetes, cont insulin gtt

Skin: cont wound care with silvadene topical BID and moist towels, soft tissue avulsion to LLE, XR negative for fractures, recommed plastics consult after transfer, transfer to Augusta Burn Center pending

FEN: will give trophic enteral feeds and advance as tolerated, cont maintenance IVF NS @ 150 cc/hr or such that urine output > 50 cc/hr, cont electrolyte replacement prn

PPx: will give lovenox BID for DVT prophylaxis, PPI for GI prophylaxis

Dispo: STICU, transfer to Augusta Burn Center today

Teaching Attestation

In addition to Care Plan, I manage the following:

- Consultants.
- Pain Control.
- DVT Prophylaxis.
- Glycemic Control.
- Infectious Disease.
- Nutritional Support.
- Stress Ulcer Prophylaxis.

Pt seen and examined with residents. Discussed vent management, DVT prophylaxis, nutrition, pressors, IVF, pain management and therapy needs.

Agree with transfer assessment and plan of care.

Critical care time 30 min.

W Fry, MD

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Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRP Clinical Documentation

Electronically Signed & Verified on 11/21/2014 14:25
by Ferris MD, Mead B

Electronically Signed & Verified on 11/21/14 15:01
by Ferris MD, Mead B

Electronically Signed & Verified on 11/21/14 15:04
by Ferris MD, Mead B

Electronically Signed & Verified on 11/21/14 17:24
by Fry MD, William R

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	11/20/2014 16:02 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Huynh MD, Dustin H (11/20/2014 16:10 EST)
SIGN INFORMATION:	Fry MD, William R (11/20/2014 21:26 EST); Huynh MD, Dustin H (11/20/2014 16:10 EST)

Brief Operative Note

Patient: TRAUMA, M141174 MRN: R016708707 FIN: R1432401153
Age: 55 years Sex: Male DOB: 09/17/59
Associated Diagnoses: None
Author: Huynh MD, Dustin H

Brief Operative Note

Preop Dx: Blast injuries, respiratory failure, aspiration, pneumoperitoneum, LLE open wounds, facial fx, 31% 2nd-3rd degree burn to face/chest/abdomen/anterior BLE

Postop Dx: Same

Procedure: 1. Therapeutic bronchoscopy, 2. Diagnostic laparoscopy, 3. LLE open wounds irrigation/washout

Attending: Dr. Fry

Resident: Dr. Huynh

Anesthesia: GETA

Abx: cefoxitin 2g

EBL: minimal

Findings: aspirated blood bilateral lungs, no airway injury seen, for diagnostic laparoscopy no injury seen, small bowel ran from ileocecal valve to ligament of treitz. LLE open wound with exposed muscles and bone, no fracture seen or felt. Pt with severe 2nd-3rd degree burn over face, chest, abdomen, and bilateral anterior thighs and legs, blast type burn.

Dispo: STICU and will work on transferring to Augusta burn center.

Dictated operative report #05111

Present and guided procedures. Agree with brief op note.

W Fry, MD

Electronically Signed & Verified on 11/20/2014 16:10
by Huynh MD, Dustin H

Electronically Signed & Verified on 11/20/14 21:26
by Fry MD, William R

Facility Info: Palmetto Health Richland
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Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

ED Documentation

Nurse Tech PHED
11/20/14 11:49 am Performed by Govan PST - NT US EKG PB, Monica M
Entered on 11/20/14 12:17 pm

Patient Activity Nurse Tech PHED

EKG Done Yes

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 11/20/2014 11:09 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Edwards MD, John W (11/20/2014 11:09 EST)
ELECTRONICALLY SIGNED BY: Taylor III MD, Jeter P (11/27/2014 15:58 EST); Edwards MD, John W (11/27/2014 05:21 EST)

Emergency Dept

PATIENT: TRAUMA, M141174
MR #: 016708707
ADMITTED: 11/20/2014
ACCOUNT #: 1432401153
DICT: John Edwards, MD-R
DOB: 09/17/1959
PT.LOC: ED5

DATE OF VISITATION: 11/20/2014

ACCOUNT NUMBER: 1432401153

ATTENDING PHYSICIAN: Jeter P. Taylor III, MD

CHIEF COMPLAINT: Blast injury.

HISTORY OF PRESENT ILLNESS: This is a roughly 50-year-old male coming from a construction site. They were using dynamite, and patient suffered a blast injury to the face. He was thrown per EMS report. He has an obvious left open tibia-fibula fracture. He has been maintaining his airway en route, saturating well, tachycardic but normotensive. No other history is obtainable at this time.

PAST MEDICAL HISTORY: Unknown.

MEDICATIONS: Unknown.

ALLERGIES: Unknown.

SOCIAL HISTORY: Unknown.

FAMILY HISTORY: Unknown.

Facility Info: Palmetto Health Richland
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Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

ED Documentation

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Patient with spinal precautions with obvious multi-trauma.

NEUROLOGICAL: Patient is moving all extremities spontaneously, but has decreased hearing secondary to the blast injury and is unable to answer any questions or follow commands.

HEENT: EYES: Pupil is 2 mm on the right, 7 mm on the left, minimally reactive bilaterally. ENT: Patient has obvious blast injury with excoriations and dry blood over his entire face. There is some blood in his mouth and his nares, as well as some singeing of the nares and the intraoral cavity. Dentition is intact. Midface is stable.

NECK: In full spinal precautions.

LUNGS: Patient has breath sounds bilaterally.

HEART: Good peripheral perfusion. Normal S1, S2.

ABDOMEN: Nondistended.

MUSCULOSKELETAL: Patient has obvious deformity of the left lower leg with a puncture wound and open fracture. There is also a small puncture wound of the left thigh. No other deformities.

SKIN: Cold. Patient does have diffuse excoriations over the entire chest, abdomen, upper extremities, and face. He has excoriations and dry blood over the lower extremity with 2 puncture wounds and an open left tibia-fibula.

MEDICAL DECISION MAKING: This is a roughly 50-year-old male coming in after an extensive blast injury. Patient will need to be intubated for airway protection and potential airway edema. He will be evaluated by ATLS protocol and will need to be admitted.

LABORATORY DATA/RADIATION: All pending.

EMERGENCY DEPARTMENT COURSE: The patient was seen immediately on arrival in trauma bay 1 in conjunction with Trauma Surgery. He was evaluated by ATLS protocol. He was intubated. Please see procedure note. Patient was started on Ancef, fluids, propofol. An OG tube was placed. At this time, patient care was transferred to Trauma Surgery.

DIAGNOSES/IMPRESSION:

1. Multi-trauma.
2. Blast injury.
3. Left open tibia-fibula fracture.
4. Critical care.

DISPOSITION: Patient is admitted to trauma surgery.

PROCEDURE: Intubation.

OPERATOR: John Edwards, MD-R.

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MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

ED Documentation

INDICATIONS: Airway protection and possible airway edema.

CONSENT: Consent was applied.

PROCEDURE IN DETAIL: The patient was preoxygenated with 100 percent nonrebreather and nasal cannula. He was preoxygenated up to 100 percent. He was pretreated with 100 mg of lidocaine. He was given 30 mg of Etomidate and 200 mg succinylcholine IV. Patient was intubated attempt 1 with direct laryngoscopy. Patient was bagged back up as we were unable to visualize cords. Patient was intubated with a GlideScope, using a 7.5 endotracheal tube. Tube was visualized passing through the cords. Stylet was removed. Patient had positive end-tidal capnography, immediate color change, fogging in the tube, and bilateral breath sounds. X-ray is pending. Patient tolerated the procedure well without complications.

Attending physician present and available for all evaluations and procedures listed above.

D: 11/20/2014 10:51 T: 11/20/2014 11:09 TID: 420155
Job #: 04733 Doc #: 41218442
cc: John Edwards, MD-R
cc: Jeter P. Taylor III, MD

I provided one on one critical care for this patient while in above condition. I reviewed the resident's documentation and agree with the resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident.

Electronically Signed & Verified on 11/27/2014 05:21
by Edwards MD, John W

Electronically Signed & Verified on 11/27/14 15:58
by Taylor III MD, Jeter P

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 11/20/2014 13:28 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rufus RN, Kevin M (11/20/2014 13:28 EST)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
11/20/14 01:28 pm Performed by Rufus RN, Kevin M
Entered on 11/20/14 01:28 pm

Facility Info: Palmetto Health Richland
5 Richland Medical Park
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Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Consultations

DOCUMENT NAME:	Consultation Report
SERVICE DATE/TIME:	11/20/2014 16:39 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Overturf MD, Michelle A (11/20/2014 16:41 EST)
ELECTRONICALLY SIGNED BY:	Wells III MD, John A (11/21/2014 15:52 EST); Overturf MD, Michelle A (11/20/2014 18:17 EST)

Ophthalmology Consult Note

Patient: TRAUMA, M141174 MRN: R016708707 FIN: R1432401153
Age: 55 years Sex: Male DOB: 09/17/59
Associated Diagnoses: None
Author: Overturf MD, Michelle A

History of Present Illness

55 yo male admitted with multiple injuries, including multiple orbital fractures, Blast injuries, respiratory failure, aspiration, pneumoperitoneum, LLE open wounds, facial fx, 31% 2nd-3rd degree burn to face/chest/abdomen/anterior BLE sustained 2/2 dynamite blast today. Pt was intubated and sedated at the time of my exam, and there were no family members present at bedside, thus I was unable to obtain histories, nor portions of the exam.

Review of Systems

Unable to obtain: Due to clinical condition.

Health Status

Allergies:

No active allergies have been recorded.
No qualifying data available

Current medications: (Selected)

Inpatient Medications

Ordered

Electrolyte Replacement Guidelines, Adult IV Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 11/20/14 11:04:00
LR 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 11/20/14 14:43:00, @ 200 mL/hr, 5 hr
Pharmacy Nursing Communication: Sedatives should not be given until VAS or CPOT is 0 to 2 and RASS is still documented greater than +2, q12hr(s), Start Date: 11/20/14 11:04:00
Protonix: 40 mg, Inj, IV, daily, Routine, Start Date: 11/20/14 11:15:00
Silvadene: 1 app, Crm, TOP, 2xdaily, Routine, Start Date: 11/20/14 18:00:00
Tdap (tetanus-diphtheria-acellular pertussis): 0.5 mL, Inj, IM, OT, Administer if not given in Emergency Department and request from Pharmacy if needed., Routine, Start Date: 11/20/14 11:30:00, Stop date 11/20/14 11:30:00
fentanyl (IV additive) 1,350 mcg + Premix 135 mL: 135 mL, 135 mL = Total Volume, IV, Begin at 100 mcg/hr. If patient requires more than 4 boluses in 1 hour increase the infusion rate by 25 mcg/hr every 1hr until pain controlled (pain score less than 2). Max dosage 300 mcg/hr. Notify MD if target pain...
midazolam (IV additive) 100 mg + Sodium Chloride 0.9% 100 mL: 100 mL, 100 mL = Total Volume, IV, Routine, Start Date: 11/20/14 16:09:00, Titrate
norepinephrine 16 mg + Dextrose 5% in Water 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 11/20/14 16:29:00, Titrate.

No qualifying data available

Problem list:

No qualifying data available

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

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Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Consultations

Procedure history:

Laparoscopic Diagnostic (Gen) on 11/20/2014 at 55 Years.

Comments:

11/20/2014 15:44 - Parker RN, Fran G

auto-populated from documented surgical case.

Irrigation and Debridement Lower Extremi (Bilateral) on 11/20/2014 at 55 Years.

Comments:

11/20/2014 15:44 - Parker RN, Fran G

auto-populated from documented surgical case

POH: unable to obtain d/t clinical condition

Ocular meds: unable to obtain d/t clinical condition

PMH: unable to obtain d/t clinical condition

Family hx: unable to obtain d/t clinical condition

Social hx: unable to obtain d/t clinical condition

Physical Examination

VS/Measurements

Vital Signs

11/20/14 15:52	Heart Rate Monitored	100 bpm Normal
	Pulse Ox Sat	96 %
11/20/14 15:32	Heart Rate Monitored	98 bpm Normal
	Pulse Ox Sat	91 %
11/20/14 15:15	Heart Rate Monitored	100 bpm Normal
	Pulse Ox Sat	91 %
11/20/14 10:39	Heart Rate Monitored	132 bpm HIGH
	Pulse Ox Sat	97 %
	ETCO2	51 mmHg.

NVAsc: unable to assess d/t clinical condition

IOP: Tpen: 18, 16 at 14:00; easily able to retropulse OU

EOM: mild restrictions OU by forced ductions

CVF: unable to assess d/t clinical condition

Pupils:

OD: 3->2mm

OS: 7mm and minimally reactive

No appreciated RAPD by reverse

External:

- multiple scattered 1-2mm superficial facial injuries 2/2 blast injury (? 2/2 sand/gravel blasted into the pt's face)

Portable hand-held SLE:

L/L: multiple scattered 1-2mm superficial lid injuries of BUL and BLL, some involving the margins (full skin thickness, but no penetration through muscle) 2/2 blast injury (? 2/2 sand/gravel blasted into the pt's face); no frank lid lacerations

C/S: diffuse 3+ chemosis OU; no SCH OU

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Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Consultations

K: OD: 6mm long x 2mm wide epi defect of superotemp periphery; 2mm diameter round epi defect superior-paracentrally; no haze or infiltrate; 1+ DM folds

OS: 6 scattered pinpoint (approx 0.5-1 mm round) epi defects; no haze or infiltrate

AC: deep and formed OU; no hyphema or hypopyon OU

I: round and regular OU

L: NSC OU

DFE: deferred per request of primary team d/t pt currently on frequent neuro checks

Review / Management

1. CT Facial Bones done 11/20/2014 shows:

FINDINGS: There is gas and high density material seen throughout the skin of the face and in the periorbital regions. There is also some gas along the medial aspects of both orbits. Comminuted fracture of the superior nasal spine is noted as well as comminuted and mildly depressed fractures of the anterior walls of the maxillary sinuses. There is also a fracture of the medial and lateral walls of the maxillary sinuses. There is opacification of the facial sinuses and the nasal cavity. There is opacification of a few of the mastoid air cells and there is some fluid about the ossicles anteriorly in the right middle ear cavity. There is some fracture of the lamina papyracea of the medial wall of the right orbit and the left orbit for that matter. The superior nasal spine fracture extends into the orbital rim medially on the left. Zygomatic arches appear intact. The globes show no intraluminal gas or debris. In addition, there are comminuted inferiorly displaced fractures of the floor of both orbits.

IMPRESSION:

1. Extensive orbital and maxillary sinus wall fractures as stated. There is fracture of the superior nasal spine. There are inferiorly displaced fractures through the floor of both orbits as well.
2. There is fluid in the anterior aspect of the middle ear cavity on the right.

1. CT Head done 11/20/2014:

INDICATION: Trauma. Burn. Dynamite blast.

There are comminuted fractures of the anterior and medial and lateral walls of the maxillary sinuses as well as the superior nasal spine with air-fluid levels in both maxillary sinuses. The ethmoid and sphenoid sinuses are opacified as are portions of the mastoid air cells bilaterally. There is some gas in the orbits bilaterally. The globes show no obvious gas. There is some soft tissue swelling about both orbits with some gas in the soft tissues about both orbits as well. Cerebral sulci and ventricles are of normal size. No cortical infarct or intracranial hemorrhage.

IMPRESSION:

1. No cortical infarct or intracranial hemorrhage.
2. There is high density material in the skin as well as some gas in the skin over the face with some gas in the orbits bilaterally.
3. Multiple facial fractures.

Impression and Plan

1. Corneal Abrasions Both Eyes:

- no e/o infection
- start vigamox oph gtts QID
- start erythromycin oph oint QID (apply 5 min after gtts)
- will continue to monitor daily at this time

2. Bilateral Upper and Lower Eyelid Blast-Injury Wounds:

- start bacitracin oph oint QID to wounds
- would not recommend suturing at this time as could cause wound constricture and lagophthalmos
- will monitor

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MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Consultations

3. Multiple Bilateral Orbital Fractures:

- no evidence of globe rupture, extraocular muscle entrapment, hyphema, or clinically significant retrobulbar hematoma
- recommend maxillo-facial consult for further eval
- recommend systemic abx and pain control per primary team
- recommend ice packs for 20 min q 2 hrs for first 48 hrs
- recommend Afrin nasal spray pm for first 3 days
- advise no nose-blowing, heavy lifting, or straining for 6 weeks
- recommend follow-up with ophthalmologist of choice 4-6 weeks after injury for gonioscopy and repeat full dilated exam

4. Dilated left pupil:

- most likely this is a traumatic mydriasis v.s. traumatic optic neuropathy
- no e/o ICH on head CT
- unable to fully assess vision or fundus exam at this time d/t pt's clinical condition
- recommend dilated fundus exam once pt can be dilated

This pt will be discussed with attending physician, Dr. Wells.

I discussed this patient with the resident and agree with the diagnosis and treatment plan. I understand the patient was transferred to the burn center in Augusta for further management of his injuries. John A. Wells, III, MD

*Electronically Signed & Verified on 11/20/2014 18:17
by Overturf MD, Michelle A*

*Electronically Signed & Verified on 11/21/14 15:52
by Wells III MD, John A*

Surgical Documentation

DOCUMENT NAME:	Operative Report
SERVICE DATE/TIME:	11/20/2014 16:23 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Huynh MD, Dustin H (11/20/2014 16:23 EST)
ELECTRONICALLY SIGNED BY:	Fry MD, William R (11/24/2014 12:41 EST); Huynh MD, Dustin H (11/24/2014 09:15 EST)

Operative Report

PATIENT: TRAUMA, MI41174 DICT: Dustin Huynh, MD-R
MR #: 016708707 DOB: 09/17/1959
ADMITTED: 11/20/2014 PT.LOC: STU

DATE OF OPERATION: 11/20/2014

POSTOPERATIVE DIAGNOSES:

1. Status post blast injury.

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LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Surgical Documentation

2. Facial trauma.
3. Pneumoperitoneum.
4. Blast wound to the left lower extremity.
5. Aspiration.
6. Multiple burns, 2nd and third-degree to the face, chest, abdomen, and anterior legs.

POSTOPERATIVE DIAGNOSES:

1. Status post blast injury.
2. Facial trauma.
3. Pneumoperitoneum.
4. Blast wound to the left lower extremity.
5. Aspiration.
6. Multiple burns, 2nd and third-degree to the face, chest, abdomen, and anterior legs.

PROCEDURE:

1. Therapeutic bronchoscopy.
2. Diagnostic laparoscopy.
3. Irrigation of left lower extremity wounds.

ATTENDING SURGEON: William Robert Fry, MD

RESIDENT SURGEON: Dustin Huynh, MD-R

ANESTHESIA: General anesthesia.

ANTIBIOTICS: Mefoxin 2 g IV.

ESTIMATED BLOOD LOSS: Minimal.

INDICATION FOR PROCEDURE: This is a 55-year-old male, apparently worked at a construction site where he sustained dynamite exposure in a blast injury to his face, chest, abdomen, and legs. The patient arrived to the trauma bay where standard ATLS guideline was carried out. He was found to have multiple facial fracture with aspiration. Therefore, intubation was done. The patient was then taken to the CT scanner. After his ATLS evaluation, after which he was found to have aspiration and scattered pneumoperitoneum, along with a large open wound to his left lower extremity. Therefore, the procedure above was indicated.

PROCEDURE IN DETAIL: Due to the nature of the procedure, emergent consent was done. The patient was then prepped and draped in the usual fashion. The bronchoscopy was done 1st in the ED department, due to availability of the equipment, along with the patient's desaturation. Bronchoscopy was done via the bronchoscope down the ET tube, and as I entered the airway, multiple blood appeared to be entering from the upper airway down bilateral lungs. First I entered the right mainstem bronchus. Some scant blood found

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LEESVILLE, SC 29070-
Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Surgical Documentation

throughout the mainstem, right upper, right middle, and along with right lower lobe as well. This all suctioned out and irrigated out after which, I then examined the airways. There were no injuries or inflammation of the mucosa seen. Next, I withdraw the bronchoscope back to the carina and the left mainstem. There is blood in the left mainstem bronchus, also left upper and left lower lobe had a blood in it. After suctioning out and irrigating out with saline, I examined the airways; there are no injuries seen. Then withdrew the bronchoscope back to the carina and suctioned out all the residual blood clots and exited out. There were no airway injuries seen.

Next, due to his pneumoperitoneum findings on CT scan, the patient had scattered pneumoperitoneum of the mesentery along with in the pelvis. The patient was taken to the operating room for diagnostic laparoscopy. He was then prepped and draped in the usual sterile fashion, supine position, the antibiotic was given. He was already previously intubated. Next, a Veress needle was used to enter the left upper quadrant and pneumoperitoneum was created with the gas. A 10 mm trocar was then inserted over

the Veress needle site and entered the abdomen. A camera was then inserted and visualized. Two additional 5 mm ports were inserted: 1 subxiphoid, 1 right upper quadrant. This was done given that this area does not have burns to the skin. After which 2 atraumatic graspers were then placed. The bowel was then identified. The cecum was determined. The small bowel was then run from the cecum to the ligament of treitz without any injuries identified. Next, we examined the intraperitoneal portion of the colon; the ascending, transverse and descending, does not appear to be injured. No free fluid or abnormalities seen or hemoperitoneum seen. Next, we examined the stomach. The anterior wall of the stomach does not appear to be injured. The gallbladder, liver, spleen were identified without any injuries seen. Since we did not see any injuries from the intra-abdominal portion of the bowel, the colon, the stomach, liver, diaphragm, gallbladder, spleen, and bladder, we then decided to complete the procedure as we removed the trocar under direct visualization of the camera. Pneumoperitoneum was evacuated, and staples was placed over the skin edges of the port site.

After this, completion of the diagnostic laparoscopy, I then turned my attention to be irrigating out this large wound on his left lower extremity over his tibia. The wound appears to be large with muscle injury exposing bones, but no fracture is seen. This was then copiously irrigated out with normal saline with bacitracin, after which, a sterile dressing was placed. The patient tolerated it well. He was transferred back to the ICU for further care.

FINDINGS: There is aspiration of blood from his facial fractures and bilateral lungs, which was all irrigated and suctioned out. No tracheobronchial tree injury seen. As for the diagnostic laparoscopy, no obvious injuries seen from our examinations and visualization of the laparoscope. As for his left lower extremity injury, there is exposed bone, muscles, but no obvious fracture seen. Area about 8 x 8 cm defect on his

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left leg was identified.

DISPOSITION: STICU. The patient will likely be transferred to the Burn Unit in Augusta.

Attending surgeon Dr. William Fry was present and scrubbed for the entire procedure.

D: 11/20/2014 16:01 T: 11/20/2014 16:23 TID: 90079
Job #: 05111 Doc #: 41218605
cc: Dustin Huynh, MD-R
cc: William Robert Fry, MD

Present and guided operation. Agree with operative note and findings.

W Fry, MD

Electronically Signed & Verified on 11/24/2014 09:15
by Huynh MD, Dustin H

Electronically Signed & Verified on 11/24/14 12:41
by Fry MD, William R

DOCUMENT NAME:	Operative Report
SERVICE DATE/TIME:	11/21/2014 16:24 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Ferris MD, Mead B (11/21/2014 16:24 EST)
ELECTRONICALLY SIGNED BY:	Fry MD, William R (11/24/2014 08:55 EST); Ferris MD, Mead B (11/22/2014 11:37 EST)

Operative Report

PATIENT: LONG, GYLES DICT: Mead Ferris, MD-R
MR #: 016708707 DOB: 09/17/1959
ADMITTED: 11/20/2014 PT. LOC: STU

DATE OF OPERATION: 11/20/2014

PREOPERATIVE DIAGNOSES:

1. Status post dynamite explosion with blast injury.
2. Greater than 25 percent total body surface area burns.
3. Respiratory failure.
4. Pulmonary contusions.

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Admitting Physician: Fry MD, William R

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5. Hemodynamic instability, requiring vasoactive medications.
6. Benign intraperitoneal gas.
7. Metabolic and respiratory acidosis.
8. Bilateral maxillary sinus fractures.
9. Bilateral orbital fractures.
10. Bilateral corneal abrasions.
11. Left lower extremity soft tissue avulsion.

POSTOPERATIVE DIAGNOSES:

1. Status post dynamite explosion with blast injury.
2. Greater than 25 percent total body surface area burns.
3. Respiratory failure.
4. Pulmonary contusions.
5. Hemodynamic instability, requiring vasoactive medications.
6. Benign intraperitoneal gas.
7. Metabolic and respiratory acidosis.
8. Bilateral maxillary sinus fractures.
9. Bilateral orbital fractures.
10. Bilateral corneal abrasions.
11. Left lower extremity soft tissue avulsion.

PROCEDURE: Placement of a left subclavian quad lumen central venous catheter.

ATTENDING SURGEON: William Robert Fry, MD

RESIDENT SURGEON: Mead Ferris, MD-R

ANESTHESIA: Versed 2 mg, fentanyl 50 mcg, and 5 cc 1 percent lidocaine.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

BRIEF HISTORY: The patient is a 55-year-old white male who presented to Palmetto Health Richland Emergency Department as a trauma alert after being involved in a dynamite explosion with blast injury. The patient was evaluated and resuscitated according to ATLS guidelines. He was noted to have the above-mentioned injuries. The patient was admitted to the trauma surgery service by Dr. William Fry and taken to the STICU for critical care. Patient was requiring massive fluid resuscitation due to his injuries as well as vasoactive medications for hemodynamic instability. Due to this, it was decided the patient would benefit from central venous access.

DESCRIPTION OF PROCEDURE: The procedure and its risks, benefits, and alternatives were explained to the patient and family. All questions were answered and consent was obtained from the patient's wife. The procedure was performed at the bedside in the STICU. The patient was continuously

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monitored throughout the procedure. A timeout procedure took place. The patient's left anterior chest and shoulder were prepped and draped in the standard sterile fashion. Patient was given the above-mentioned medications for the procedure. A wheel of anesthesia was generated at that the left deltopectoral groove and local anesthetic was infiltrated into the subcutaneous tissue. An introducer needle was inserted at the deltopectoral groove and advanced under the left clavicle until there was a return of dark venous nonpulsatile blood. Flexible guidewire was inserted through the introducer needle without resistance. The introducer needle was removed and an 11-blade scalpel was used to make a skin nick adjacent to the guidewire. Following this, a dilator was inserted over the guidewire and advanced through the subcutaneous tissue with minimal resistance. The dilator was removed. A quad lumen central venous catheter was inserted over the guidewire and advanced to the 13-cm demarcation. The catheter was sutured into place using 2-0 silk suture. A Biopatch and sterile adhesive dressing was placed. Each port was aspirated and flushed with 10 mL normal saline solution. Followup chest x-ray demonstrated the catheter tip to be against the SVC wall. The catheter was advanced to the 15-cm demarcation under sterile precautions. A second chest x-ray demonstrated the catheter tip to be in the atriocaval junction with the left lung fully expanded and no pneumothorax.

The attending surgeon, William Robert Fry, MD, was present for the entire procedure.

D: 11/21/2014 16:12 T: 11/21/2014 16:24 TID: 420051
Job #: 06348 Doc #: 41219106
cc: Mead Ferris, MD-R
cc: William Robert Fry, MD

Present and guided procedure. Agree with operative note and findings.

W Fry, MD

Electronically Signed & Verified on 11/22/2014 11:37
by Ferris MD, Mead B

Electronically Signed & Verified on 11/24/14 08:55
by Fry MD, William R

DOCUMENT NAME:	PHR IntraOp Nursing Record
SERVICE DATE/TIME:	11/21/2014 08:14 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Glenn, Betty Lee (11/21/2014 08:14 EST)
ELECTRONICALLY SIGNED BY:	Glenn, Betty Lee (11/21/2014 08:14 EST); Parker RN, Fran G (11/20/2014 15:44 EST)

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Patient Info: LONG, GYLES GREGORY
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LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Discharge Information

DOCUMENT NAME:	Transfer Summary
SERVICE DATE/TIME:	11/21/2014 14:42 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Ferris MD, Mead B (11/21/2014 14:42 EST)
ELECTRONICALLY SIGNED BY:	Fry MD, William R (11/21/2014 17:21 EST); Ferris MD, Mead B (11/21/2014 15:44 EST)

Transfer Summary

PATIENT: TRAUMA, M141174 DICT: Mead Ferris, MD-R
MR #: 016708707
ADMITTED: 11/20/2014 DOB: 09/17/1959
DISCHARGED: 11/21/2014 PT.LOC: STU

ATTENDING PHYSICIAN: William Robert Fry, MD

TRANSFER DIAGNOSES:

1. Status post dynamite explosion with blast injury.
2. Greater than 25% total body surface area burns.
3. Respiratory failure.
4. Pulmonary contusions.
5. Hemodynamic instability.
6. Benign intraperitoneal gas.
7. Metabolic and respiratory acidosis.
8. Bilateral maxillary sinus fractures.
9. Bilateral orbital fractures.
10. Bilateral corneal abrasions.
11. Left lower extremity soft tissue avulsion.
12. History of pre-diabetes.

CONSULTATIONS:

1. Ophthalmology, Dr. John Wells.
2. Facial Trauma, Dr. Chishom.
3. Case management

PROCEDURES:

1. Diagnostic laparoscopy, left subclavian central venous catheter placement and diagnostic bronchoscopy performed on 11/20 performed by Dr. William Fry.

BRIEF HISTORY AND HOSPITAL COURSE: The patient is a 55-year-old white male who presented to Palmetto Health Richland Emergency Department as a trauma alert after being involved in a dynamite blast explosion. The patient underwent rapid sequence intubation en route to the hospital. On arrival the patient was evaluated and resuscitated according to ATLS guidelines. He was noted to have extensive burns anteriorly to the abdomen, chest, bilateral upper extremities and face. The patient was also noted to have a soft tissue avulsion to the left lower

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Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Discharge Information

extremity. CT imaging was obtained and noted the above mentioned injuries. The patient was taken to the operating room by Dr. William Fry for diagnostic laparoscopy. There were no intra-abdominal injuries identified. Postoperatively the patient was admitted to the Trauma Surgery Service and taken to the STICU for critical care. This included mechanical ventilation, fluid resuscitation with lactated ringers and hypertonic saline. The patient became hypotensive despite the fluid resuscitation and required vasopressor support. At one point he was on three vasopressors norepinephrine, vasopressin and Neo-Synephrine. An echocardiogram was performed and the unofficial report was no wall motion abnormalities with hyperdynamic left ventricular function. The patient was given fentanyl and versed drips for pain control and sedation. He was given a insulin drip for hyperglycemia. Diagnostic bronchoscopy was performed and noted no obvious inhalation airway injury. Ophthalmology was consulted for risk of ocular injury. He was noted to have bilateral corneal abrasions with both globes were intact. The patient's fluid resuscitation was based on his urinary output and titrated in an attempt to maintain the urine output greater than 50 cc per hour. Serial blood work and ABGs were performed. His vent settings were weaned appropriately based on his ABGs. The patient received wound care to his burn with Silvadene cream and moist towels. The patient's left lower extremity soft tissue avulsion dressed with damp to dry gauze. On hospital day number two the patient improved in terms of his respiratory and cardiovascular status. The patient was also weaned from vasopressor support. NeoSynephrine and vasopressin were discontinued and the patient was stable on 10 mcg per hour of levo. The patient was started on prophylactic Lovenox for DVT prophylaxis. He was given IV Protonix for GI prophylaxis. Trophic enteral feeds were given on hospital day number two. The patient was seen and examined by the Trauma Surgery Team and attending surgeon, Dr. William Fry, on hospital day number two at which time he was considered to be appropriate for transfer to the Burn Center for further care.

CONDITION AT TIME OF TRANSFER: Stable.

DISPOSITION: Augusta Burn Center Dr. Brian Mullins.

TRANSFER MEDICATIONS: Please refer to the medication reconciliation.

TRANSFER INSTRUCTIONS: Recommend CT angiogram of the neck and brain to rule out blunt vascular injury, facial trauma consultation for facial fractures, possible plastic surgery consultation for lower extremity wound soft tissue coverage. The Trauma Surgery Service at Palmetto Health Richland will be available for any assistance needed in regards to this patient's care.

D: 11/21/2014 14:35 T: 11/21/2014 14:42 TID: kvh
Job #: 06218 Doc #: 41219050
cc: Mead Ferris, MD-R

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Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
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Progress Notes

benign pneumoperitoneum
metabolic and respiratory acidosis
bilateral maxillary sinus fractures
bilateral orbital fractures
bilateral corneal abrasions
left lower extremity soft tissue avulsion
hx of prediabetes

Neuro: CT imaging negative for head or cervical spine injury, cont fentanyl and versed gtt for pain and sedation, consider CTA neck to rule out blunt vascular injury

CVS: hemodynamic instability requiring vasopressors, was on levo vasopressin and neo, weaned to levo this morning, 11/20 ECHO unofficial report no wall motion abnormalities with hyperdynamic LV function

Resp: pulm contusions and resp failure, improving oxygenation on this morning's ABG, currently SIMV 40%/10/12, CXR stable

GI: scattered intraperitoneal gas on CT imaging s/p diagnostic lap 11/20, no intra-abdominal injuries identified, will give enteral feeds and bowel regimen

GU: BUN/Cr stable, urine output > 100 cc/hr, cont foley for ongoing resuscitation and strict I&Os

ID: afebrile and WBC 7k, monitor

Endo: hyperglycemia with hx of prediabetes, cont insulin gtt

Skin: cont wound care with silvadene topical BID and moist towels, soft tissue avulsion to LLE, XR negative for fractures, recommend plastics consult after transfer, transfer to Augusta Burn Center pending

FEN: will give trophic enteral feeds and advance as tolerated, cont maintenance IVF NS @ 150 cc/hr or such that urine output > 50 cc/hr, cont electrolyte replacement prn

PPx: will give lovenox BID for DVT prophylaxis, PPI for GI prophylaxis

Dispo: STICU, transfer to Augusta Burn Center today

Teaching Attestation

In addition to Care Plan, I manage the following:

- Consultants.
- Pain Control.
- DVT Prophylaxis.
- Glycemic Control.
- Infectious Disease.
- Nutritional Support.
- Stress Ulcer Prophylaxis.

Pt seen and examined with residents. Discussed vent management, DVT prophylaxis, nutrition, pressors, IVF, pain management and therapy needs.

Agree with transfer assessment and plan of care.

Critical care time 30 min.

W Fry, MD

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Chaplaincy

Chaplain Spiritual Assessment
11/20/14 03:28 pm Performed by Drayton, Lester
Entered on 11/20/14 03:28 pm

Referral

Chaplain Referral Source Emergency Dept
Chaplain Referral Reason Emergency
Chaplain Referral For Patient, Family, Spouse/Significant
Other

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0177800	11/20/2014 10:55 EST	CR Chest 1 View PA/AP	Taylor III MD, Jeter P	Auth (Verified)

Reason For Exam
(CR Chest 1 View PA/AP) dynamite injury

Findings:

CLINICAL HISTORY: Dynamite injury.

CHEST, PORTABLE AP SUPINE AT 10:58 AM

An endotracheal tube is in place and terminates 2.2 cm above the carina. An NG tube is seen coursing within the proximal stomach. Noted are ill-defined bilateral perihilar opacities, more dense on the right compatible with lung contusions. No pneumothorax or pleural effusion is noted. The heart size is within normal limits. Noted is central vascular prominence.

IMPRESSION:

1. Ill-defined bilateral perihilar opacities, more pronounced on the right which may represent areas of lung contusion.
2. Satisfactory endotracheal tube position.

*** Final *** Trans On: 11/20/2014 15:45 by: CC
Read by: Hubbard MD, Charles R
Released By: Hubbard MD, Charles R
Released on: 11/20/2014 16:48 Technologist: Spreewers, Jennifer E, Nelson RT, C

Facility Info: Palmetto Health Richland
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MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
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Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074347	11/20/2014 11:38 EST	CT Cervical Spine W/O IV Contrast	Mbaka MD, Maryann I	Auth (Verified)

Reason For Exam
(CT Cervical Spine W/O IV Contrast) Trauma

Findings:
CT CERVICAL SPINE

INDICATION: 911 trauma.

TECHNIQUE: Axial scans were obtained through the cervical spine. Sagittal and coronal reconstructions performed.

FINDINGS: Cervical spine alignment is anatomic. No cervical spine fracture or spondylolisthesis.

IMPRESSION: Cervical spine negative for fracture.

*** Final *** Trans On: 11/20/2014 12:22 by: SW
Read by: Lough MD, Lawrence Ren
Released By: Lough MD, Lawrence Ren
Released on: 11/20/2014 16:15 Technologist: Kling, Stephanie S, Burnett, Ashleigh

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074345	11/20/2014 11:38 EST	CT Head W/O IV Contrast	Mbaka MD, Maryann I	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) Trauma

Findings:
NONCONTRAST HEAD CT

Axial scans were obtained through the brain without IV contrast administration.

INDICATION: Trauma. Burn. Dynamite blast.

There are comminuted fractures of the anterior and medial and lateral walls of the maxillary sinuses as well as the superior nasal spine with air-fluid levels in both maxillary sinuses. The ethmoid and sphenoid sinuses are opacified as are portions of the mastoid air cells bilaterally. There is some gas in the orbits bilaterally. The globes show no obvious gas. There is some soft tissue swelling about both orbits with some gas in the soft

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ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074345	11/20/2014 11:38 EST	CT Head W/O IV Contrast	Mbaka MD, Maryann I	Auth (Verified)

Findings:

tissues about both orbits as well. Cerebral sulci and ventricles are of normal size. No cortical infarct or intracranial hemorrhage.

IMPRESSION:

1. No cortical infarct or intracranial hemorrhage.
2. There is high density material in the skin as well as some gas in the skin over the face with some gas in the orbits bilaterally.
3. Multiple facial fractures.

*** Final ***

Trans On: 11/20/2014 12:11 by: CC

Read by: Lough MD, Lawrence Ren

Released By: Lough MD, Lawrence Ren

Released on: 11/20/2014 16:15

Technologist: King, Stephanie S, Burnett, Ashleigh

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074348	11/20/2014 11:38 EST	CT Facial Bones W/O IV Contrast	Mbaka MD, Maryann I	Auth (Verified)

Reason For Exam

(CT Facial Bones W/O IV Contrast) Trauma

Findings:

CT FACIAL BONES

TECHNIQUE: Axial scans were obtained through the facial bones. Sagittal and coronal reconstructions performed. Three dimensional reconstructions of the facial bones performed as well.

INDICATION: 911 trauma, burn, dynamite blast.

FINDINGS: There is gas and high density material seen throughout the skin of the face and in the periorbital regions. There is also some gas along the medial aspects of both orbits. Comminuted fracture of the superior nasal spine is noted as well as comminuted and mildly depressed fractures of the anterior walls of the maxillary sinuses. There is also a fracture of the medial and lateral walls of the maxillary sinuses. There is opacification of the facial sinuses and the nasal cavity. There is opacification of a few of the mastoid air cells and there is some fluid about the ossicles anteriorly in the right middle ear cavity. There is some fracture of the lamina papyracea of the medial wall of the right orbit and the left orbit for that matter. The superior nasal spine fracture extends into the orbital rim medially on the left. Zygomatic arches appear intact. The globes show no

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Pt. Age: 55 years
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Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074348	11/20/2014 11:38 EST	CT Facial Bones W/O IV Contrast	Mbaka MD, Maryann I	Auth (Verified)

Findings:
intraluminal gas or debris. In addition, there are comminuted inferiorly displaced fractures of the floor of both orbits.

IMPRESSION:

1. Extensive orbital and maxillary sinus wall fractures as stated. There is fracture of the superior nasal spine. There are inferiorly displaced fractures through the floor of both orbits as well.
2. There is fluid in the anterior aspect of the middle ear cavity on the right.

*** Final ***
Trans On: 11/20/2014 12:19 by: CLS
Read by: Lough MD, Lawrence Ren
Released By: Lough MD, Lawrence Ren
Released on: 11/20/2014 16:15 Technologist: King, Stephanie S, Burnett, Ashleigh

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074346	11/20/2014 11:38 EST	CT Chest Abd Pelvis W/ IV Contrast Only	Mbaka MD, Maryann I	Auth (Verified)

Reason For Exam
(CT Chest Abd Pelvis W/ IV Contrast Only) Trauma

Findings:
CT CHEST, ABDOMEN AND PELVIS

INDICATION: Dynamite blast, 911 trauma, burn.

TECHNIQUE: Axial scans were obtained through the chest, abdomen and pelvis with IV contrast administration. Coronal and sagittal reconstructions performed.

CT CHEST: ET tube is in satisfactory position with NG tube extending into the stomach. There is no pericardial or pleural effusion. There is dense consolidation in the perihilar regions of both lungs, greater on the right, with air bronchograms bilaterally. This may represent pulmonary contusion or other nonspecific consolidation of the lung parenchyma there. There is no pneumothorax appreciated.

CT ABDOMEN AND PELVIS: There is some intraperitoneal free air present with some gas in the subcutaneous tissue in the anterior abdominal wall. The liver, pancreas and spleen show nothing focal. There is a small adrenal nodule on the left 1 cm in diameter likely an incidental adenoma. Kidneys show nothing unusual. No abdominal aortic aneurysm. CT of the pelvis shows a catheter in the urinary bladder. There is a

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MRN: R016708707
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Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

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CMRN: 001989542

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-14-0074346	11/20/2014 11:38 EST	CT Chest Abd Pelvis W/ Mbaka MD, Maryann I IV Contrast Only		Auth (Verified)

Findings:

small amount of fluid and air in the urinary bladder. No free fluid in the pelvis. There is some air scattered throughout the mesenteric fat of the abdomen. There is an old healed fracture of the right hip spanned by metallic hardware. No acute fracture appreciated.

IMPRESSION:

1. There is diffuse consolidation in the perihilar regions of both lungs, greater on the right than the left.
2. Intraperitoneal free air with some gas scattered throughout the mesenteric fat of the abdomen and pelvis as well as gas in the subcutaneous tissues of the anterior abdomen. This may be from projectile penetration.
3. ET tube and NG tube in satisfactory position.

*** Final ***

Trans On: 11/20/2014 12:19 by: SW

Read by: Lough MD, Lawrence Ren

Released By: Lough MD, Lawrence Ren

Released on: 11/20/2014 16:15

Technologist: King, Stephanie S, Burnett, Ashleigh

Technical Comments

Administered per implementation of contrast protocol:

Type: Omnipaque 300

Volume: ml: 125

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0177867	11/20/2014 12:11 EST	CR Femur Left	Huynh MD, Dustin H	Auth (Verified)

Reason For Exam
(CR Femur Left) trauma

Findings:

LEFT FEMUR FRONTAL AND OBLIQUE VIEWS

INDICATION: Trauma.

No acute fracture identified. Distal aspect of the femur is excluded by collimation on the frontal view.

*** Final ***

Trans On: 11/20/2014 12:55 by: ALM

Read by: Lough MD, Lawrence Ren

Released By: Lough MD, Lawrence Ren

Released on: 11/20/2014 16:15

Technologist: Bright, Andrae L

Facility Info: Palmetto Health Richland
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Patient Info: LONG, GYLES GREGORY
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MRN: R016708707
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Attending Physician: Fry MD, William R
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CMRN: 001989542

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0177868	11/20/2014 12:11 EST	CR Leg Lower Left	Huynh MD, Dustin H	Auth (Verified)

Reason For Exam
(CR Leg Lower Left) trauma

Findings:
LEG LOWER LEFT: 11/20/14

INDICATION: Trauma.

FINDINGS: The bones are intact without fracture. There is extensive soft tissue deformity and cavitation or ulceration involving the anterior and lateral soft tissues of the junction of the mid to proximal thirds of the leg.

IMPRESSION: Soft tissue defect, no fracture.

*** Final *** Trans On: 11/20/2014 12:55 by: DMP
Read by: Lough MD, Lawrence Ren
Released By: Lough MD, Lawrence Ren
Released on: 11/20/2014 16:15 Technologist: Bright, Andrae L

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178033	11/20/2014 17:46 EST	CR Chest 1 View PA/AP	Ferris MD, Mead B	Auth (Verified)

Reason For Exam
(CR Chest 1 View PA/AP) central line placement

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pl. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178033	11/20/2014 17:46 EST	CR Chest 1 View PA/AP	Ferris MD, Mead B	Auth (Verified)

Findings:

CLINICAL HISTORY: Central line placement.

CHEST, PORTABLE AP SUPINE AT 05:11 p.m.

COMPARISON: 11/20/2014 at 10:58 a.m.

FINDINGS: An endotracheal tube is in place and terminates approximately 4 cm above the carina. An NG tube is seen coursing toward the stomach. A left subclavian line has been inserted in the interim with the tip superimposed over the upper portion of the SVC. No pneumothorax is noted. There is slightly improved aeration of the lungs with persistent ill defined bilateral perihilar opacities. The heart and mediastinum have a stable appearance.

IMPRESSION: No evidence of a pneumothorax following insertion of the central line.

*** Final ***

Trans On: 11/20/2014 17:54 by: RC

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 11/20/2014 18:06

Technologist: Crosby, Stephanie N

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178049	11/20/2014 17:46 EST	CR Chest 1 View PA/AP	Ferris MD, Mead B	Auth (Verified)

Reason For Exam

(CR Chest 1 View PA/AP) Central Line Adjustment

Findings:

CHEST PORTABLE AP SUPINE AT 5:16 PM

CLINICAL HISTORY: Central line adjustment.

COMPARISON: 11/20/2014 at 5:11 PM.

FINDINGS: An endotracheal tube terminates approximately 4.5 cm above the carina. An NG tube is seen coursing toward the stomach. The tip of a left subclavian line is seen superimposed over the upper portion of the SVC. No pneumothorax is noted. Ill-defined bilateral lung opacities are present with no significant change.

IMPRESSION:

1. No evidence of a pneumothorax.

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Fry MD, William R

Admitting Physician: Fry MD, William R

Patient Info: LONG, GYLES GREGORY

2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

Pl. Age: 55 years

Date of Birth: 9/17/1959

CMRN: 001989542

MRN: R016708707

FIN: R1432401153

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178049	11/20/2014 17:46 EST	CR Chest 1 View PA/AP	Ferris MD, Mead B	Auth (Verified)

Findings:

2. Stable bilateral perihilar opacities.

*** Final ***

Trans On: 11/20/2014 17:54 by: JL

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 11/20/2014 18:06

Technologist: Crosby, Stephanie N

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178052	11/20/2014 17:46 EST	CR Chest 1 View PA/AP	Ferris MD, Mead B	Auth (Verified)

Reason For Exam

(CR Chest 1 View PA/AP) Central Line Adjustment

Findings:

CLINICAL HISTORY: Central line adjustment.

CHEST, PORTABLE AP SPINE AT 5:23 PM

COMPARISON: 11/20/2014 at 5:16 PM

An endotracheal tube is in place and terminates 3.5 cm above the carina. An NG tube is seen coursing with the proximal stomach. A central line has been inserted via a left subclavian approach with the tip superimposed over the SVC. No pneumothorax is noted. Again noted are ill-defined bilateral perihilar opacities with no significant change. The heart and mediastinum have a stable appearance.

IMPRESSION: No evidence of a pneumothorax following insertion of the central line.

*** Final ***

Trans On: 11/20/2014 17:52 by: CC

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 11/20/2014 18:06

Technologist: Crosby, Stephanie N

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178054	11/20/2014 18:03 EST	CR Chest 1 View Portable	Ferris MD, Mead B	Auth (Verified)

Reason For Exam

(CR Chest 1 View Portable) central line repositioned

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707
FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178054	11/20/2014 18:03 EST	CR Chest 1 View Portable	Ferris MD, Mead B	Auth (Verified)

Findings:
PORTABLE CHEST, 11/20/2014 5:57 PM

INDICATION: Central line repositioning.

COMPARISON: 11/20/2014 at 5:23 PM.

FINDINGS: The left subclavian line now extends down into the SVC. ET tube remains in satisfactory position. NG tube extends down into the upper stomach. These are unchanged. Perihilar opacities are unchanged in the lungs. Heart is not enlarged.

IMPRESSION: The central line now extends down into the SVC and appears to be in satisfactory position. Other findings stable from film 30 minutes earlier.

*** Final ***
Read by: Lauver MD, John W
Released By: Lauver MD, John W
Released on: 11/20/2014 19:14
Trans On: 11/20/2014 18:10 by: JL
Technologist: Crosby, Stephanie N

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178260	11/21/2014 09:05 EST	CR Chest 1 View Portable	Fry MD, William R	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) follow up on burn

Findings:
CLINICAL HISTORY: Followup.

CHEST PORTABLE AP AT 9:00 AM

COMPARISON: 11/20/2014.

FINDINGS: An endotracheal tube, NG tube, and subclavian line are still in place. No pneumothorax is noted. There has been partial clearing of the previously noted left perihilar opacity with partial clearing of the peripheral portions of the right perihilar opacity. Dense infiltrate is again noted within and just lateral to the right hilum. No pleural effusion or pneumothorax is evident. The heart and mediastinum have a stable appearance.

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: LONG, GYLES GREGORY
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-

MRN: R016708707

FIN: R1432401153

Attending Physician: Fry MD, William R
Admitting Physician: Fry MD, William R

Pt. Age: 55 years
Date of Birth: 9/17/1959
CMRN: 001989542

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-14-0178260	11/21/2014 09:05 EST	CR Chest 1 View Portable	Fry MD, William R	Auth (Verified)

Findings:

IMPRESSION: Partial clearing of the bilateral perihilar opacities when compared to the 11/20/2014 study.

*** Final ***

Trans On: 11/21/2014 10:06 by: CS

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 11/21/2014 11:19

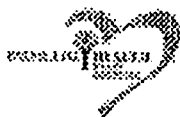
Technologist: Birkellen, Brian S

Cardiac Services

* Auth (Verified) *

TRAUMA, M141174 R16708707 11/20/2014

Page 1 of 2



Palmetto Health Heart Hospital
6 Richland Medical Park Dr
Columbia, South Carolina 29203
Voice: (803) 434-7401



Translhoracic Echocardiogram

Med Rec#: R16708707	DOB: 09/17/1959	Referring: Fry, William, R
Account#: 1432401153	Sex: M	Performing: PALMETTO HEART ECHO
Date: 11/20/2014	Age: 55y	Reading: Jennifer A. Feldman, MD
Patient: TRAUMA, M141174	Type: Inpatient	Sonographer: Caitlin A. Fletcher, RVT, RDCS
Room#: 509	Loc: Main Hospital	
Weight: 110.2 kg / 242.9 lbs		

Diagnosis: Chest Trauma (959.11) BP: 134/86
CPT Codes: Echo 2D Complete/Color Flow/Doppler (93306)
Indication: Trauma
Conclusions:

1. Blast injury - dynamite explosion. Respiratory failure. Third degree burns. Facial fractures. Left tib/fib fracture. No previous study.
2. The left ventricular chamber size is small.
3. There is hyperdynamic left ventricular systolic function. The estimated ejection fraction is greater than 70%.
4. Unable to evaluate diastolic function due to tachycardia.
5. The right ventricular cavity size is mildly dilated.
6. The right ventricular global systolic function is normal.
7. The left atrial chamber size is normal.
8. The right atrial cavity size is normal.
9. The mitral valve leaflets are normal.
0. There is no evidence of mitral regurgitation.
1. There is no evidence of mitral stenosis.
2. The aortic valve is trileaflet.
3. Mild aortic cusp sclerosis is present.
4. There is no evidence of aortic regurgitation.
5. There is no evidence of aortic stenosis.
6. The pulmonary artery systolic pressure is estimated less than 30 mmHg.
7. There is no pericardial effusion.
8. The aortic root appears normal.
9. No intracardiac mass, thrombi, or vegetation.

Findings

Technical Comments: The study quality is adequate. There was significant lung artifact present. The patient was unable to lay in the left lateral decubitus position.

History: Blast injury - dynamite explosion. Respiratory failure. Third degree burns. Facial fractures. Left tib/fib fracture. No previous study.

Left Ventricle: The left ventricular chamber size is small. Septal wall hypertrophy is observed. There is hyperdynamic left ventricular systolic function. The estimated ejection fraction is greater than 70%. Unable to evaluate diastolic function due to tachycardia.

Right Ventricle: The right ventricular cavity size is mildly dilated. The right ventricular global systolic function is normal.

Left Atrium: The left atrial chamber size is normal.

Right Atrium: The right atrial cavity size is normal.

Mitral Valve: The mitral valve leaflets are normal. There is no evidence of mitral regurgitation. There is no evidence of mitral stenosis.

Aortic Valve: The aortic valve is trileaflet. Mild aortic cusp sclerosis is present. There is no evidence of aortic regurgitation. There is no evidence of aortic stenosis.

Tricuspid Valve: There is physiological tricuspid regurgitation. No pulmonary hypertension is noted. The pulmonary artery systolic pressure is estimated less than 30 mmHg.

Pulmonic Valve: The pulmonic valve is not well visualized. There is trace pulmonic regurgitation present.

Pericardium: There is no pericardial effusion. A pericardial fat pad is visualized.

Aorta/Aortic Root: The aortic root appears normal. The aorta appears normal.

Pulmonary Artery: The main pulmonary artery is not well visualized.

Venous: The patient was artificially ventilated. The inferior vena cava appears normal in size. There is a greater than 50% respiratory change in the inferior vena cava dimension.

Mass/Thrombus: No intracardiac mass, thrombi, or vegetation.

Measurements

* Auth (Verified) *

TRAUMA, MI41174 R16708707 11/20/2014

Page 2 of 2

Chambers MM			Chambers 2D		
Name	Value	Normal Range	Name	Value	Normal Range
Ao root diameter (MM)	3.5 cm	-	RVIDc (AP) 2D	3.58 cm	-
			IVSd (2D)	1.02 cm	-
			VPWd (2D)	0.97 cm	-
			IVS:LVPW ratio (2D)	1.05 ratio	-
			LVIDc (2D)	3.74 cm	-
			LVIDs (2D)	1.95 cm	-
			LVFS (Teichholz) (2D)	47.9 %	-
			LVFS (cube) (2D)	47.9 %	-
			EF Teichholz (2D)	60 %	-
			Ao root diameter (2D)	3.6 cm	-
			LA dimension (AP) 2D	3.3 cm	-
			LA:Ao ratio (2D)	0.92 ratio	-

Aortic Valve			Tricuspid Valve		
Name	Value	Normal Range	Name	Value	Normal Range
AV Vmax	1.41 m/sec	-	TR Vmax	1.37 m/sec	-
AV peak gradient	8 mmHg	-	TR peak gradient	8 mmHg	-
LVOT Vmax	1.28 m/sec	-	RAP	10 mmHg	-
LVOT VTI	18.4 cm	-			
LVOT peak gradient	7 mmHg	-			
LVOT mean gradient	4 mmHg	-			

Electronically signed by: Jennifer A. Feldman, MD on: 11/21/2014 17:37:29

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

ACCOUNT#: G00557360179 ADM DATE: 11/21/14 UNIT RCRD #: G000808204 ARRIVAL:
ROOM/BED: G.336-1 ADM TIME: 1629 MARKET URN: G731763 CONF: VIP: N
PT. TYPE: DIS IN ADMIT PRI/SRC: EM / TPR LOCATION(S): G.3E FC: 08

NAME: LONG, GYLES
STREET: 2526 CANEY BRANCH RD
STREET:
C/S/ZP: LEEVILLE, SC 29070
PHONE#: (803)532-2793 CNTY/RES: SALUDA
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
METRO CONSTRUCTION
2526 CANEY BRANCH RD

OTHER NAME:
DOB: 09/17/1959 SS#: XXX-KX-9249
AGE: 55 RACE: UNKNOWN/DE
SEX: M MAR STATUS: M
REL: NONE LANG: ENGLISH
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
LONG, GYLES
2526 CANEY BRANCH RD

LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795

LEEVILLE, SC 29070
(803)532-2793 RELTN: SELF
OCCUPENCE CODES: 05 11/20/14
CONDITION CODES: X2

PRIMARY: COCHP08 - 39808
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

SECONDARY:

TERTIARY:

LUBBOCK, TX 79490-1606

POLICY #: SF0038988

COVERAGE #:

INS PHONE #: (800)580-8736

GRP #: XISVHD1150

AUTH #: 12141AC19

AUTH DT: 12/02 VER DT: 12/02

SUB: LONG, GYLES

RELAT: SA DOB: 09/17/1959

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT:

SUB:

RELAT:

DOB:

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT: VER DT:

SUB:

RELAT: DOB:

ADM: MULRO03 Mullins, Robert F MD

HCS: 1176 (706)863-9595

ATT: MULRO03 Mullins, Robert F MD

HCS: 1176 (706)863-9595

ER:

PCP: NO PCP

HCS: 7943

REF: MULRO03

HCS: 1176

No Primary or Family Physician

Mullins, Robert F MD

(706)863-9595

REASON FOR VISIT/CHIEF COMPL: EXPLOSION FROM DYNAMITE FACE STOMACH CHEST THIGH

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly []

Analysis []

Coding []

Printed []

Final Check []

COMMENTS:

PRT BY: R.HIM.LNJ ON: 01/08/15 2223

ADVANCE DIRECTIVE: Unable to Obtain

DISCH DATE: 01/08/15 TIME: 1608 DISPO: HOM

PRINTED BY: R.HIM.LNJ EQ8372

DATE 8/3/2015

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557360179

Pt Type: DIS IN
Adm Date: 11/21/14
D/C Date: 01/08/15

DICTATED BY: Mullins, Robert F MD

REPORT NAME: DISCHARGE SUMMARY

CONSULTATIONS:

Placed to:

1. Alan Whitehouse, M.D.
2. Joseph R. Shaver, M.D.
3. Jon Christopher Gibbs, M.D.
4. Dr. Castillo.

SURGICAL PROCEDURES:

1. 11/21/2014, where a right femoral art line was placed by Bounthavy Homsombath, M.D.
2. 11/22/2014, where burn wound excision and application of cadaver skin was performed to the abdomen, chest, and right hand and fingers as well as right forearm and arm, left leg, and left thigh.
3. Surgical prep and application of porcine to the right leg, right thigh, left leg and left thigh.
4. Debridement only on the left arm 0% to 5%.
5. Simple closure of left leg in the anterior tibialis muscle 8 cm performed by Robert Mullins, M.D.
6. 11/25/14 where a percutaneous tracheostomy was performed.
7. 11/26/2014, where burn wound excision to the right arm, right leg, chest, abdomen, left leg and thigh was performed with cadaver allograft application. This was done by Robert Mullins, M.D.
8. 12/4/2014, where burn wound excision and application of PriMatrix was performed to the abdomen.
9. Surgical prep and application of cadaver skin to his chest, right arm, hand, right leg, right thigh, left leg, left thigh by Robert Mullins, MD..
10. 12/12/2014, where burn wound excision and application of cadaver skin to the right leg was performed as well as left leg.
11. Surgical preparation and application of porcine graft to the right thigh and burn wound excision of the abdomen with negative pressure assisted wound vacuum closure device placement done by Robert Mullins, M.D.
12. Gastrocnemius flap of the left tibia.
13. Surgical preparation and application of cadaver skin, left leg. This was done by Haaris Mir, M.D.
14. 12/16/2014, where burn wound excision and application of cadaver skin to the right thigh and burn wound excision and split-thickness skin graft to the left lower leg as well as a flap.
15. Dressing change, right arm, right hand, left hand, right lower leg and left lower leg and VAC change to the abdomen.
16. 12/26/2014, where burn wound excision and application of porcine graft was applied to the right arm, right forearm, abdomen, left thigh, left leg, right leg.
17. 12/28/2014 split-thickness skin graft to the abdomen, right arm, right

Patient Name: LONG, GYLES

Account #: G00557360179

hand, right index finger, long finger, ring finger, small finger, left index finger, left long finger, left ring finger, left small finger, right leg and left leg done by Robert Mullins, M.D.

COURSE OF STAY:

The patient was admitted to Robert Mullins, M.D.'s service. The patient was found to have 15% total body surface area third and fourth degree burns as a result of a dynamite explosion at work. The patient was seen and managed by the acute care consultant team, that is Joseph R. Shaver, M.D. and Kimberly Linticum, nurse practitioner. The patient was cleared from a trauma standpoint. He did have an element of foreign body that is gun powder fragments to his skin chest, face, upper and lower extremities. He had a nasal zygomatic fracture, nondisplaced orbital fracture, pneumoperitoneum, bilateral pulmonary contusion and was in moderate ARDS on the mechanical ventilator. The patient was placed on IV Teflaro and Cipro and was managed for his other comorbidities by Medicine Team. Troponins were mildly elevated, likely due to cardiac contusion. The patient had aggressive pulmonary hygiene efforts being employed along with jet nebulization for management of acute respiratory failure. The patient had mild coagulopathy. The patient was placed on low molecular weight heparin and foot pumps for DVT prophylaxis. The patient had IV pain medication and sedation. The patient's lines were monitored and changed. The patient had a percutaneous tracheostomy performed on 11/25/2014 by Andrew Kastello, M.D. The patient had a gastrostomy with jejunal feeding tube placed. The patient had consultation placed for bilateral inner ear effusions on CT and there was malodorous drainage. The patient was placed on Ciprodex and followed by Alan Whitehouse, M.D. with ENT group. The patient went to the OR suite on multiple occasions for serial excisions and then reapplication of porcine and cadaver allograft. The patient had cultures during his inpatient stay that were positive for Serratia and also Stenotrophomonas bacillus and Burkholderia. The patient received Teflaro Fortaz, Cipro, Diflucan, Levaquin, Zosyn, Floxin otic and Vancocin and Vfend. The patient was optimized nutritionally and he was able to be autografted. The patient was autografted on 12/28/14. The patient had a gastrocnemius flap to his left leg for coverage. The patient was ranged and exercise postoperatively. On postop day #11, he was cleared for discharge home from medicine and surgery. The patient went to whirlpool on the day of discharge. The patient will be placed in Tubigrip, Bactroban, Xeroform to be applied to the open area. He will return to our clinic in 1 week.

FINAL DIAGNOSES:

1. 15% total body surface area third and fourth degree burns.
2. Respiratory failure.
3. Closed head injury.
4. History of Clostridium difficile during his inpatient stay, completed vancomycin p.o.
5. Malnutrition, nocturnal percutaneous endoscopic gastrostomy tube feedings.
6. Diabetes mellitus type 2.

PLAN:

The patient will be placed in interim compression. He is encouraged to avoid sun exposure, apply Bactroban and Xeroform to any open areas. He will be discharged home. He will return to our clinic in 1 week for reevaluation. He is offered methadone, fentanyl, and oxycodone by the medical intensivist.

Dictated by: Kevin C Lack, PA-C

Patient Name: LONG, GYLES

Account #: G00557360179

Dictation ID / Confirmation #: 1637018 / 1459424
DD: 02/16/2015 16:46 / DT: 02/16/2015 17:40
Authenticated by Kevin Lack, PA On 02/17/2015 08:34:35 AM
Authenticated and Edited by Robert Fredrick Mullins MD On 2/17/15 10:57:47 AM

Electronically Signed by Robert F Mullins, MD on 02/17/15 at 1158

Patient Name: LONG,GYLES

Account #: G00557360179

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

G0-140-3204

G00557360179

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557360179

Pt Type: ADM IN
Adm Date: 11/21/14
D/C Date:

Dictated by: Mullins, Robert F MD

Report Name: HISTORY AND PHYSICAL

CHIEF COMPLAINT:

1. 15% total body surface area partial and deep partial-thickness burn injury from dynamite explosion.
2. Blast injury with avulsion to the left leg on the anterior muscle compartment
3. Left thigh and abdomen with shrapnel foreign body.
4. Bilateral orbital fractures.
5. Bilateral maxillary sinus fracture.
5. Benign pneumoperitoneum
6. Pulmonary contusions bilaterally.
7. Bilateral corneal abrasions.

HISTORY OF PRESENT ILLNESS:

This is a 55-year-old male gentleman that was cleaning a worksite. There was dynamite that somehow was ignited and blew up and caused the above listed complications. The patient was initially taken to Palmetto Health in Richland, South Carolina, treated by Dr. Ferris as the resident and William Fry, MD, as the attending. The patient was helicopter lifted from the scene to the Palmetto Health Level 1 Trauma Center and admitted at 10:30 yesterday. The patient had a laparoscopic exploratory laparotomy and the findings were benign. He did have a benign pneumoperitoneum noted. CTs were performed revealing bilateral orbital fractures, nasal fractures, bilateral maxillary sinus fractures and the patient was orally intubated and remains on the mechanical ventilator. A tetanus shot was given. The patient did have postoperative hypotension from the laparoscopic procedure that was refractory to fluids. He did receive Levophed, vasopressin and Neo-Synephrine. The patient was weaned from all these as his blood pressure did return. The patient was stabilized and cleared from a trauma standpoint and a referral was made for burn wound debridement and wound irrigation and debridement. The patient was transported via helicopter.

PAST MEDICAL HISTORY:
Questionable diabetes.

MEDICATIONS:
None listed.

ALLERGIES:
No known drug allergies.

SOCIAL HISTORY:
From reports he smokes 2 packs of cigarettes a day.

REVIEW OF SYSTEMS:

Patient Name: LONG, GYLES

Account #: G00557360179

Unable to obtain.

FAMILY HISTORY:
Unable to obtain.

SURGICAL HISTORY:
Unable to obtain.

PHYSICAL EXAMINATION:

GENERAL: This is a well-developed male that is intubated and mechanically ventilated. He is paralyzed and sedated.

HEENT: Normocephalic. He does have facial burns appreciated. There is a great bit of chemosis to both eyes. The right eye has a pinpoint pupil and is nonreactive. The left eye has a 3 mm pupil that is nonreactive. There is a subcorneal hemorrhage and no visible corneal abrasions noted without fluorescein stain. The patient's nose is slightly disfigured or has a deformity with 2 nasal tampons present that had dried blood present.

NECK: Supple. Trachea is midline.

PULMONARY: Clear, but diminished in the bases. Bilateral equal chest rise and fall.

ABDOMEN: Nondistended. There are no appreciated bowel sounds at this time.

SKIN: The patient has collectively about 15% total body surface area, partial and deep partial-thickness injury from the blast with shrapnel foreign bodies to the skin about the arms and legs. There are 3 blowout avulsion injuries, one on the left leg in the mid anterior muscle compartment. The patient also has a deep cratering wound with necrotic skin and subcutaneous tissue visualized on the left medial thigh. The patient has a pitting wound found also on the left side of the abdomen as well. There is no bony crepitation palpated on to the left leg.

INITIAL IMPRESSION:

1. A 15% total body surface area, partial and deep partial thickness burn injury.
2. Avulsion injuries from a blast effect to the left leg, left thigh and abdomen.
3. Shrapnel foreign bodies.
4. Nasal fracture.
5. Facial fracture, bilateral orbital fracture, maxillary sinus fractures, benign pneumoperitoneum, pulmonary contusions bilaterally and bilateral corneal abrasions.

PLAN:

The patient will be admitted to Robert Mullins, MD's service. Consultation will be placed to Joseph R. Shaver, MD, the burn pulmonary critical care intensivist.

The patient will have repeat of the CTs of the face with 3D reconstruction and Tanya Oswald, MD, will be consulted from Plastic Surgery. The patient will be placed in basic Dakin's with packings to the avulsion injuries; they will be soaked every 4 hours. We will continue on mechanical ventilatory management. The patient will be stabilized and taken to the operating suite as soon as medical clearance is granted for debridement and application of cadaver skin. The patient will be coded as a 99222 and is seen with Robert Mullins, MD today.

Dictated by: Kevin C Lack, PA-C
Dictation ID / Confirmation #: 1447361 / 1281604

Patient Name: LONG, GYLES

Account #: G00557360179

DD: 11/21/2014 18:00 / DT: 11/21/2014 19:00
Authenticated by Kevin Lack, PA On 12/02/2014 12:34:18 PM
Authenticated by Robert Fredrick Mullins MD On 12/09/2014 12:16:26 PM

Electronically Signed by Robert F Mullins, MD on 12/09/14 at 1316

Patient Name: LONG,GYLES

Account #: G00557360179

PRINTED BY: IEQ8372

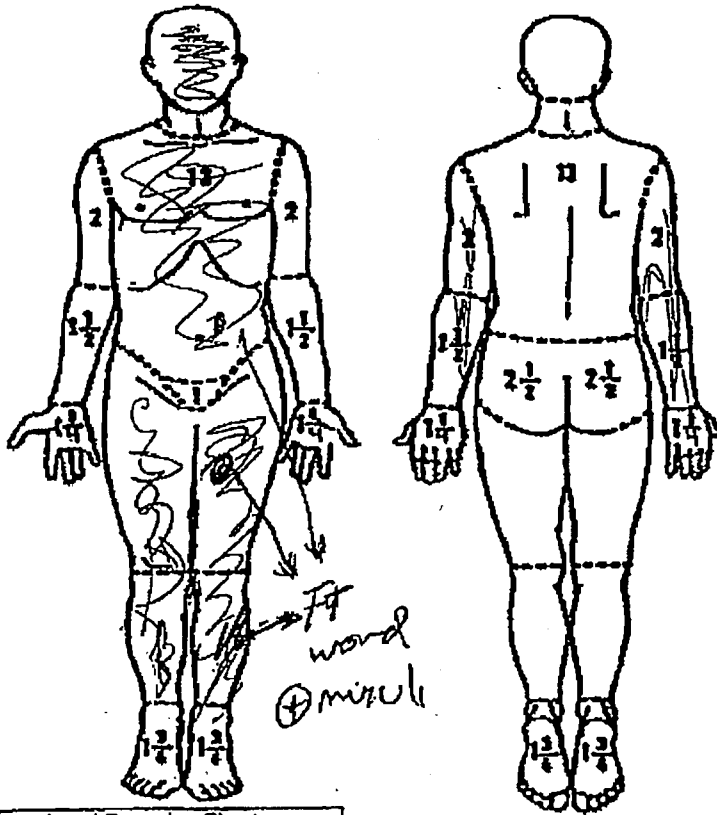
DATE 8/3/2015

LONG, GYLES

G00-143-204

G00557360179

ESTIMATED PERCENTAGE OF BODY BURNS



Full Thickness
Partial Thickness

Maximum Percentage Allowed by Patient Age

Age	Head	Thigh	Lower Leg
0-1 years	10	5.5	5
1-4 years	17	6.5	5
5-9 years	13	8	6.5
10-14 years	11	8.5	8
15 years	8	8	8.5
Adult	7	9.5	7

Lund and Browder Chart									
Area	%TBSA	% 2nd	% 3rd	Total	Area	%TBSA	% 2nd	% 3rd	Total
Head	see chart				R.L.Arm	3			
Neck	2				L.L.Arm	3			
Ant.Trunk	13				R.Hand	2.5			
Post.Trunk	13				L.Hand	2.5			
R.Buttock	2.5				R.Thigh	see chart			
L.Buttock	2.5				L.Thigh	see chart			
Genitalia	1				R.Leg	see chart			
R.U.Arm	4				L.Leg	see chart			
L.U.Arm	4				R.Foot	3.5			
					L.Foot	3.5			
Total	XXXXX				Total	XXXXXX			
Partial Thickness 15					Full Thickness 15				
					Total Burn Size 15				

SIGNATURE _____ DATE _____

BURN-002 Rev 1/00/5/07
DH088 Estimated Percentage of Body Burns

ESTIMATED PERCENTAGE OF BODY BURNS

DOCTORS HOSPITAL OF AUGUSTA

Authenticated by
Robert Fredrick Mullins MD
On 01/11/2015 03:20:40 PM

ESTIMATED PERCENTAGE OF BODY BURNS



LONG GYLES
G00557360179
11/21/14
DOB: 09/17/59 55
DOCTORS HOSPITAL OF AUGUSTA URM 61003346A38
11/21/14 03:20:40 PM

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DATE 8/3/2015

HPS DH288 01/11

-144-

Page 1 of 1

G00557360179

DOCTOR HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557360179

Pt Type: ADM IN
Adm Date: 11/21/14
D/C Date:

Dictated By: Mullins MD, Robert Fred

Report Name: HISTORY AND PHYSICAL

CHIEF COMPLAINT:

1. 15% total body surface area partial and deep partial-thickness burn injury from dynamite explosion.
2. Blast injury with avulsion to the left leg on the anterior muscle compartment
3. Left thigh and abdomen with shrapnel foreign body.
4. Bilateral orbital fractures.
5. Bilateral maxillary sinus fracture.
5. Benign pneumoperitoneum
6. Pulmonary contusions bilaterally.
7. Bilateral corneal abrasions.

HISTORY OF PRESENT ILLNESS:

This is a 55-year-old male gentleman that was cleaning a worksite. There was dynamite that somehow was ignited and blew up and caused the above listed complications. The patient was initially taken to Palmetto Health in Richland, South Carolina, treated by Dr. Ferris as the resident and William Fry, MD, as the attending. The patient was helicopter lifted from the scene to the Palmetto Health Level 1 Trauma Center and admitted at 10:30 yesterday. The patient had a laparoscopic exploratory laparotomy and the findings were benign. He did have a benign pneumoperitoneum noted. CTs were performed revealing bilateral orbital fractures, nasal fractures, bilateral maxillary sinus fractures and the patient was orally intubated and remains on the mechanical ventilator. A tetanus shot was given. The patient did have postoperative hypotension from the laparoscopic procedure that was refractory to fluids. He did receive Levophed, vasopressin and Neo-Synephrine. The patient was weaned from all these as his blood pressure did return. The patient was stabilized and cleared from a trauma standpoint and a referral was made for burn wound debridement and wound irrigation and debridement. The patient was transported via helicopter.

PAST MEDICAL HISTORY:

Questionable diabetes.

MEDICATIONS:

None listed.

ALLERGIES:

No known drug allergies.

SOCIAL HISTORY:

From reports he smokes 2 packs of cigarettes a day.

REVIEW OF SYSTEMS:

Patient Name: LONG, GYLES

Account #: G00557360179

Unable to obtain.

FAMILY HISTORY:

Unable to obtain.

SURGICAL HISTORY:

Unable to obtain.

PHYSICAL EXAMINATION:

GENERAL: This is a well-developed male that is intubated and mechanically ventilated. He is paralyzed and sedated.

HEENT: Normocephalic. He does have facial burns appreciated. There is a great bit of chemosis to both eyes. The right eye has a pinpoint pupil and is nonreactive. The left eye has a 3 mm pupil that is nonreactive. There is a subcorneal hemorrhage and no visible corneal abrasions noted without fluorescein stain. The patient's nose is slightly disfigured or has a deformity with 2 nasal tampons present that had dried blood present.

NECK: Supple. Trachea is midline.

PULMONARY: Clear, but diminished in the bases. Bilateral equal chest rise and fall.

ABDOMEN: Nondistended. There are no appreciated bowel sounds at this time.

SKIN: The patient has collectively about 15% total body surface area, partial and deep partial-thickness injury from the blast with shrapnel foreign bodies to the skin about the arms and legs. There are 3 blowout avulsion injuries, one on the left leg in the mid anterior muscle compartment. The patient also has a deep cratering wound with necrotic skin and subcutaneous tissue visualized on the left medial thigh. The patient has a pitting wound found also on the left side of the abdomen as well. There is no bony crepitation palpated on to the left leg.

INITIAL IMPRESSION:

1. A 15% total body surface area, partial and deep partial thickness burn injury.
2. Avulsion injuries from a blast effect to the left leg, left thigh and abdomen.
3. Shrapnel foreign bodies.
4. Nasal fracture.
5. Facial fracture, bilateral orbital fracture, maxillary sinus fractures, benign pneumoperitoneum, pulmonary contusions bilaterally and bilateral corneal abrasions.

PLAN:

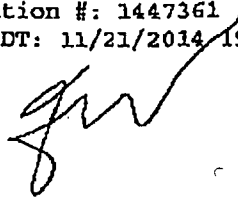
The patient will be admitted to Robert Mullins, MD's service. Consultation will be placed to Joseph R. Shaver, MD, the burn pulmonary critical care intensivist.

The patient will have repeat of the CTs of the face with 3D reconstruction and Tanya Oswald, MD, will be consulted from Plastic Surgery. The patient will be placed in basic Dakin's with packings to the avulsion injuries; they will be soaked every 4 hours. We will continue on mechanical ventilatory management. The patient will be stabilized and taken to the operating suite as soon as medical clearance is granted for debridement and application of cadaver skin. The patient will be coded as a 99222 and is seen with Robert Mullins, MD today.

Patient Name: LONG, GYLES

Account #: G00557360179

Dictated by: Kevin C Lack, PA-C
Dictation ID / Confirmation #: 1447361 / 1281604
DD: 11/21/2014 18:00 / DT: 11/21/2014 19:00



Patient Name: LONG, GYLES

Account #: G00557360179

Georgia Network - PCI *LIVE* (PCI: OE Database COCAG)

DRAFT COPY

PRINTED BY: IEO8372 DATE: 8/3/2015
Rpt: 11/22/14-13:46 by LACK, KEVIN C

Page 3 of 3



SHORT STAY HISTORY AND PHYSICAL
48 HOURS OR LESS

ADMISSION DATE: _____

HEIGHT: _____ WEIGHT: KG: _____ LBS: _____ TEMP.: F: _____ C: _____ PULSE: _____ RESP.: _____ BP: _____

CHIEF COMPLAINT: _____

HISTORY OF PRESENT ILLNESS: *Dysmetria x2 @ work*

*Ex lap - organs ok - lvs, vsg no significant
prior problems - facial fx -*

PREVIOUS SURGERY: _____

PERTINENT SERIOUS ILLNESSES: *DM?* *CT*

ALLERGIES: *NKA*

ITEM	CODE	CURRENT MEDICATIONS: <i>D</i>
Cardio Respiratory	1	SYSTEMS REVIEW:
Gastrointestinal	2	
Urinary	3	
Menstrual	4	
General Health	5	
Central Nervous System	6	
General	10	
Head	20	
Eyes	21	
Ears	22	
Nose	23	SOCIAL HISTORY: <i>unknown</i>
Throat	24	
Neck	25	
Chest	30	
Breasts	31	
Lungs	32	
Heart	33	
Abdomen	40	
Liver	41	
Spleen	42	
Kidney	43	FAMILY HISTORY:
Scars	44	
Lymph Nodes	50	
Cervical	51	
Axilla	52	
Groin	53	
Genitalia	60	
Male	61	
Female	62	
Vaginal	63	
Cervix	64	PHYSICAL EXAM: (CIRCLE NUMBERS AT LEFT IF NEGATIVE OR NORMAL; SPECIFY PERTINENT PHYSICAL CONDITIONS BELOW)
Uterus	65	
Adenocae	66	
Rectum	70	
Extremities	80	
Neurological	90	

*Bilateral corneal abrasions
Bilateral orbital fx.
maxillary sinus fl.
Biparietoparietal
pneumothorax*

PROVISIONAL DIAGNOSIS/PLAN: *15% TBSA Burn*

Authenticated by
Robert Fredrick Mullins MD
On 8/11/2015 03:25:44 PM

DOCTORS HOSPITAL OF AUGUSTA

PHYSICIAN

DATE

Short Stay History-Physical 48 Hours or Less



LONG GYLES
G00557360179 PRE IN
11/21/16 Mullins MD, Robert Fred
DOB: 09/17/59 55 M MRS G000808204
DOCTORS HOSPITAL OF AUGUSTA URN 61093346438
I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD

Patient Label

PRINTED BY: IEQ8372

DATE 8/3/2015

G00557360179

HOW TO USE THIS FORM

The Short Stay History-Physical form is for use in relation to the admission of a patient, for a minor condition, whose expected stay is 48 hours or less.

The history should be accurate, concise and confined to the illness which requires admission.

Inquire into all named systems. Use the Code numbers to record responses. Circle normal or negative Code Numbers.

Specify and define the abnormal conditions by Code numbers.

EXAMPLE

22 ☒ Serious drainage

24 ☒ Inflamed, exudates present

25 ☒ Enlargement of nodes along the cervical chain.

PHYSICAL EXAM: Use the Code Numbers to save the rewriting of systems. Record observations as you otherwise would.

DOCTORS HOSPITAL OF AUGUSTA

Short Stay History-Physical 48 Hours or Less



PRINTED BY: IEQ8372

DATE 8/3/2015

Patient Label

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/21/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: R/O P

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001673995 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Rule out pneumonia.

Prior none.

Findings: Endotracheal tube tip at clavicular heads. Enteric tube tip passing below diaphragm. Left subclavian catheter tip at the level of mid SVC. No pneumothorax or effusion.

There are rounded areas of dense perihilar consolidation. This most likely reflects a perihilar consolidating pneumonia. Follow-up to resolution needed.

Impression: Dense perihilar consolidations

** Electronically Signed by Joshua Ben Rafoth MD **
** on 11/23/2014 at 0813 **
Reported and signed by: Joshua Ben Rafoth, MD

CC:

DATE 11/23/2014 (0813) BY DR. RAFOTH
PRINTED BY: 1120372
PAGE 1 Signed Report

DOCTORS HOSPITAL

PATIENT'S NAME: LONG, GYLES
UNIT NUMBER: G000808204
ACCOUNT NUMBER: G00557360179
DICTATED BY: Burke DO, Anthony P

Pt Type: ADM IN
Adm Date: 11/21/14
D/C Date:

REPORT NAME: ECHOCARDIOGRAM

Doctors Hospital of Augusta
3651 Wheeler Road
Augusta, GA 30909
(706)651-3232

Echocardiogram

Name: GYLES LONG
URN: G731763
MR Number: G00557360179
Heart rate:
DOB: 17-Sep-1959
Age: 55 years
Gender: Male
BP: /
Study date: 22-Nov-2014
Location:
Ht-Wt-BSA: --

Sonographer: Kenya James, RDCS, RCS
Reading Cardiologist: Anthony Burke, DO
Referring Physician: Joseph R. Shaver, M.D.

INDICATIONS: Contusion

PROCEDURE: Echocardiographic views were limited by patient intubated. This was a technically difficult study.

SUMMARY:

- Left ventricle:
 - Systolic function was normal. Ejection fraction was estimated to be 65 %.
 - There was mild concentric hypertrophy.
- Mitral valve:
 - There was mild regurgitation.
- Right ventricle:
 - The ventricle was mildly dilated.
 - Systolic pressure was moderately increased. Estimated peak pressure was at least 55 mmHg.
- Tricuspid valve:
 - There was moderate regurgitation.

Patient Name: LONG, GYLES

Account #: G00557360179

- Right atrium:
- The atrium was mildly dilated.

LEFT VENTRICLE: Size was normal. Systolic function was normal. Ejection fraction was estimated to be 65 %. There were no regional wall motion abnormalities. There was mild concentric hypertrophy.

AORTIC VALVE: The valve was trileaflet. Leaflets exhibited normal thickness and normal cuspal separation. DOPPLER: Transaortic velocity was within the normal range. There was no stenosis. There was no significant regurgitation.

AORTA: The root exhibited normal size.

MITRAL VALVE: There was mild calcification. DOPPLER: There was no evidence for stenosis. There was mild regurgitation.

LEFT ATRIUM: Size was normal.

RIGHT VENTRICLE: The ventricle was mildly dilated. Systolic function was normal. DOPPLER: Systolic pressure was moderately increased. Estimated peak pressure was at least 55 mmHg.

PULMONIC VALVE: Not well visualized.

TRICUSPID VALVE: DOPPLER: There was moderate regurgitation.

RIGHT ATRIUM: The atrium was mildly dilated.

SYSTEM MEASUREMENT TABLES

2D mode

AoRoot Diam: 3.5 cm
LAD: 3.8 cm
IVSd: 1.3 cm
LVEF; Cube Method: 73.5 %
LVEF; Teichholz: 65.1 %
LVIDd: 5.2 cm
LVIDs: 3.3 cm
LVPW: 1.3 cm

M mode

AV Cusp Sep; M mode;: 2.6 cm

Unspecified Scan Mode

Peak Vel; Antegrade Flow;: 1.6 m/s
LVOT Diam: 2 cm
Peak Vel; Antegrade Flow;: 1 m/s

Prepared and signed by

Patient Name: LONG,GYLES

Account #: G00557360179

Anthony Burke, DO
Signed 23-Nov-2014 09:41:52

Patient Name: LONG,GYLES

Account #: G00557360179

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

GC-153-8204

G00557360179

Doctors Hospital
3651 Wheeler Rd
Augusta, Ga 30909

Patient: LONG, GYLES
Account No: G00557360179
Unit No: G000808204
Patient Status: ADM IN Admit Date: 11/21/14
Attending Dr: Mullins MD, Robert Fred
DOB: 09/17/59 Age: 55 Sex: M
Study date: 11/22/14 Time: 0539

Test Reason :

Blood Pressure : ***/** mmHG

Vent. Rate : 116 BPM Atrial Rate : 116 BPM

P-R Int : 150 ms QRS Dur : 084 ms

QT Int : 346 ms P-R-T Axes : 056 -02 049 degrees

QTc Int : 480 ms

Sinus tachycardia

Otherwise normal ECG

No previous ECGs available

Confirmed by BURKE MD, ANTHONY (4529) on 11/23/2014 9:30:18 AM

Referred By: Robert Mullins

Confirmed By: ANTHONY BURKE MD

Electronically Signed by Anthony P Burke DO on 11/23/14 at 0930

Patient Name: LONG, GYLES

Account #: G00557360179

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

G0-154-3204

G00557360179

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1122-0099 REPORT STATUS: Signed
 DATE:11/22/14 TIME: 0923

PATIENT: LONG, GYLES UNIT #: G000808204
 ACCOUNT#: G00557360179 ROOM/BED: G.BU10-1
 AGE: 55 SEX: M ATTEND: Mullins MD, Robert
 Fred
 ADM DT: 11/21/14 AUTHOR: Linticum
 NP, Kimberly m
 Rep SRV DT: 11/22/14 REP SRV TM: 0923
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

Yes: complaints (oozing from nose/labile bp).

Unable to obtain: medical condition

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	11/22 0911
FiO2	70	11/22 0911
Pulse	125	11/22 0911
Resp	19	11/22 0911
O2 Delivery Ventilator		11/22 0850
O2 Flow Rate	70	11/22 0850
Temp	37.9	11/22 0834
B/P	158/88	11/21 1629

24 hour I&O ending at 0700:

	11/22 0000	11/21 1200
Intake Total		
Output Total		
Balance		
Patient Weight	110 kg	
Weight Measurement Method	Bedscale	

Temperature maximum: 37.9

Status post:

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/22/14
 Acct#: G00557360179

HD 2

Antibiotics: day 2, Teflaro/Cipro

Physical Exam

General appearance: intubated, sedated

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion

Cardiovascular: irregular rate and rhythm, irregularly irregular

Respiratory: decreased breath sounds

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Glasgow eyes:	no eye opening	1
Glasgow speech:	no verbal response	1
Glasgow motor:	localizes pain	5
Total		7

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/22 0635	11/22 0630	11/21 2345	11/21 2100	11/21 1845
Blood Gas					
Patient Temperature (C)	36.7	37.0	37.5	34.4	36.4
pH (7.35 - 7.45)	7.38		7.37	7.35	7.31 L
pCO2 (35 - 45 mmHg)	51 H		52 H	50 H	55CH
pO2 (75 - 100 mmHg)	198 H		177 H	143 H	282 H
Bicarbonate Actual (22 - 26 mMol/L)	28 H		27 H	25	25
Total CO2 (26 - 28 mMol/L)	31 H		31 H	30 H	29 H
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)	99 H		99 H	99 H	100 H
ABG Base Excess (-2.0 - 2.0 mMol/L)	3.9 H		3.1 H	0.9	-0.1
Mixed VBG pH (7.35 - 7.45/7.59)		7.34 L			
Mixed VBG pCO2 (NONE ESTAB mmHg)		60			
Mixed VBG pO2 (NONE ESTAB mmHg)		50			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

Mixed VBG HCO3 (NONE ESTAB mMol/L)		28			
Mixed VBG Total CO2 (NONE ESTAB mMol/L)		33			
Mixed VBG Base Excess (NONE ESTAB mMol/L)		4.6			
Mixed VBG O2 Saturation (NONE ESTAB %)		85			
FiO2 (%)	70.0	70.0	70.0	70.0	100.0

	11/21 1800
Blood Gas	
Patient Temperature (C)	36.4
Mixed VBG pH (7.35 - 7.457.59)	7.30 L
Mixed VBG pCO2 (NONE ESTAB mmHg)	57
Mixed VBG pO2 (NONE ESTAB mmHg)	67
Mixed VBG HCO3 (NONE ESTAB mMol/L)	24
Mixed VBG Total CO2 (NONE ESTAB mMol/L)	29
Mixed VBG Base Excess (NONE ESTAB mMol/L)	-0.2
Mixed VBG O2 Saturation (NONE ESTAB %)	93
FiO2 (%)	100.0

Laboratory Tests

	11/22 0610	11/22 0500	11/21 2356	11/21 2345	11/21 1800
Chemistry					
Sodium (136 - 145 MMOL/L)		151 H		152 H	
Potassium (3.5 - 5.1 MMOL/L)		3.4 L		4.0	
Chloride (99 - 109 MMOL/L)		113 H		114 H	
Carbon Dioxide (21 - 32 MMOL/L)		28		28	
Anion Gap (9 - 18 MMOL/L)		13		14	
BUN (7 - 21 MG/DL)		11		13	
Creatinine (0.5 - 1.4 MG/DL)		0.9		1.0	
Est GFR (African Amer) (> 60)		> 60		> 60	
Est GFR (Non-Af Amer) (> 60)		> 60		> 60	
BUN/Creatinine Ratio (11.0 - 18.0)		12.2		13.0	
Glucose (70 - 110 MG/DL)		154 H		178 H	
POC Glucose (70 - 110 MG/DL)			160 H		
Lactic Acid (0.4 - 2.0 MMOL/L)	1.2				1.5
Calcium (8.5 - 10.5 MG/DL)				8.2 L	
Ionized Calcium (1.13 - 1.32 mMol/L)		1.15		1.12 L	
Phosphorus (2.3 - 4.5 MG/DL)		2.3		2.6	
Magnesium (1.5 - 2.4 MG/DL)		1.8		1.7	
Iron (60 - 170 MCG/DL)		18 L			
TIBC (260 - 400 MCG/DL)		84 L			

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/22/14
 Acct#: G00557360179

Iron Saturation (20 - 55 % (CALC))	21	
Unsaturated IBC (141 - 366 MCG/DL)	66 L	
Ferritin (22 - 322 NG/ML)	356 H	
Total Bilirubin (0.20 - 1.00 MG/DL)	1.40 H	0.90
AST (15 - 37 UNITS/L)	20	21
ALT (12 - 78 UNITS/L)		25
Alkaline Phosphatase (50 - 136 UNITS/L)	49 L	54
Creatine Kinase (39 - 308 UNITS/L)	344 H	
Troponin I (0.00 - 0.056 NG/ML)	0.089 CH	
B-Natriuretic Peptide (0 - 100 PG/ML)	29	
Total Protein (6.4 - 8.2 GM/DL)		5.6 L
Albumin (3.4 - 5.0 GM/DL)		3.5
Globulin (1.5 - 3.8 GM/DL)		2.1
Albumin/Globulin Ratio (1.0 - 2.2)		1.7

	11/21
	1800
Chemistry	
Sodium (136 - 145 MMOL/L)	150 H
Potassium (3.5 - 5.1 MMOL/L)	4.4
Chloride (99 - 109 MMOL/L)	115 H
Carbon Dioxide (21 - 32 MMOL/L)	26
Anion Gap (9 - 18 MMOL/L)	13
BUN (7 - 21 MG/DL)	13
Creatinine (0.5 - 1.4 MG/DL)	0.9
Est GFR (African Amer) (> 60)	> 60
Est GFR (Non-Af Amer) (> 60)	> 60
BUN/Creatinine Ratio (11.0 - 18.0)	14.4
Glucose (70 - 110 MG/DL)	183 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.09 L
Phosphorus (2.3 - 4.5 MG/DL)	3.0
Magnesium (1.5 - 2.4 MG/DL)	1.8
Total Bilirubin (0.20 - 1.00 MG/DL)	0.90
AST (15 - 37 UNITS/L)	30
Alkaline Phosphatase (50 - 136 UNITS/L)	55
Creatine Kinase (39 - 308 UNITS/L)	474 H
B-Natriuretic Peptide (0 - 100 PG/ML)	15

Laboratory Tests

	11/22	11/21
	0500	1800
Coagulation		

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

PT (9.3 - 11.3 SECONDS)	12.7 H	12.7 H
INR	1.21	1.21
PTT (21.9 - 31.4 SECONDS)	39.7 H	33.0 H
Fibrinogen (200 - 400 MG/DL)	391	478 H
D-Dimer (0.19 - 0.52 mg/L FEU)	1.11 H	2.21 H

Laboratory Tests

	11/22 0500	11/21 2345	11/21 1800
Hematology			
WBC (4.0 - 11.0 THOUS/uL)	2.29 L	2.76 L	4.39
RBC (4.30 - 5.80 MIL/uL)	2.46 L	2.73 L	3.66 L
Hgb (13.0 - 17.3 GM/DL)	8.0 L	8.7 L	11.7 L
Hct (38.0 - 52.0 %)	23.4 L	25.6 L	34.5 L
MCV (80.0 - 98.0 FL)	95.1	93.8	94.3
MCH (27.0 - 34.0 PG)	32.5	31.9	32.0
MCHC (31.5 - 36.5 G/DL)	34.2	34.0	33.9
Plt Count (140 - 400 THOUS/uL)	94 L	102 L	140
Band Neutrophils % (0 - 5 %)	32.5 H	31.5 H	22.2 H
Segmented Neutrophils (40 - 65)	16.9 L	16.7 L	35.2 L
Lymphocytes (20 - 40)	43.4 H	47.2 H	30.6
Monocytes (2 - 8)	3.6	3.7	10.2 H
Eosinophils (0 - 4)	3.6		1.9
Metamyelocytes (0 - 0)		0.9 H	
Vacuolated Neuts		NOTED	
Toxic Granulation	SLIGHT	SLIGHT	
Polychromasia	NORMAL	SLIGHT	SLIGHT
Hypochromasia	NORMAL	SLIGHT	NORMAL
Poikilocytosis	NORMAL	SLIGHT	NORMAL
Basophilic Stippling		SLIGHT	
Anisocytosis	NORMAL	SLIGHT	SLIGHT
Microcytosis	NORMAL	NORMAL	NORMAL
Macrocytosis	NORMAL	NORMAL	NORMAL

Laboratory Tests

	11/21 1810
Urines	
Urine Color (YELLOW)	YELLOW
Urine Appearance (CLEAR)	CLEAR
Urine pH (5.0 - 8.0)	5.0
Ur Specific Gravity (1.005 - 1.025)	1.015

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/22/14
 Acct#: G00557360179

Urine Protein (NEGATIVE MG/DL)	NEGATIVE
Urine Ketones (NEGATIVE MG/DL)	NEGATIVE
Urine Blood (NEGATIVE)	25/ul *
Urine Nitrite (NEGATIVE)	NEGATIVE
Urine Bilirubin (NEGATIVE MG/DL)	NEGATIVE
Urine Urobilinogen (< = 1.0 MG/DL)	NEGATIVE
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE
Urine RBC (0 - 2/HPF)	2-8
Urine WBC (0 - 5/HPF)	3-5
Ur Epithelial Cells (NEGATIVE)	FEW
Urine Bacteria (NEGATIVE)	1+ *
Urine Casts (NEGATIVE)	0-1 GRANULAR
Urine Mucus (NEGATIVE)	TRACE
Urine Yeast (NEGATIVE)	NO YEAST SEEN
Urine Glucose (NEGATIVE MG/DL)	250 *

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: D5W

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Insulin Human Regular	0	Q6HR IV	11/22 1200	AC	
Enoxaparin Sodium	40 MG	DAILY SUBQ	11/22 0900	AC	
Potassium Chloride	100 ML	0800	11/22 0800	AC	11/22

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

		IV	11/22 1400		0834
Dextrose/Water	1,000 ML	.Q5H	11/22 0715	AC	11/22 0806
Pantoprazole	80 MG	IV	11/22 1714		
		0600	11/22 0600	AC	11/22 0615
Sodium Chloride	250 ML	IV	11/22 1959		
		PRN PRN	11/22 0311	AC	
		IV			
Sterile Water	1,000 ML	ASDIR PRN	11/22 0311	AC	
		MISC			
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN	11/22 0310	AC	
		TOPICAL			
Chlorhexidine Gluconate	1 APPLIC	ASDIR	11/22 0310	CKD	
		TOPICAL			
Sodium Hypochlorite	1 APPLIC	ASDIR	11/22 0309	CKD	
		TOPICAL			
Calcium Gluconate	1,000 MG	0130	11/22 0130	DC	11/22 0305
Iopamidol	0	.STK-MED ONE	11/22 0730	DC	11/22 0225
		IV	11/22 0122		
Sodium Chloride	500 ML	.STK-MED ONE	11/21 2257	DC	11/22 0616
		IV			
Folic Acid	5 MG	QDAY@2200	11/21 2200	CKD	11/21 2253
Thiamine HCl	200 MG	IV	11/22 2159		
Multivitamins	10 ML				
Sodium Ascorbate	8,000 MG				
Phytonadione	10 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	1,500 ML				
Tobramycin/	1 DROP	QID	11/21 2100	CKD	11/22 0835
Dexamethasone		EACH EYE			
Multivitamins	1 BAG	ONCE ONE	11/21 2045	DC	
		IV	11/21 2046		
Ciprofloxacin/	200 ML	Q12H	11/21 2000	AC	11/22 0818
Dextrose		IV			
Pantoprazole	80 MG	DAILY	11/21 2000	AC	11/22 0837
		IV			
Sodium Chloride	250 ML	.STK-MED ONE	11/21 1804	DC	11/21 1804
		IV			
Vecuronium Bromide	0	.STK-MED ONE	11/21 1803	DC	11/21 1803
		IV			
Folic Acid	5 MG	QDAY@1800	11/21 1800	DC	
Thiamine HCl	200 MG	IV	11/22 1759		

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

Multivitamins	10 ML				
Sodium Ascorbate	8,000 MG				
Phytonadione	10 MG				
Zinc Sulfate	25 MG				
Dextrose/Sodium Chloride	1,000 ML				
Albuterol/Ipratropium	3 ML	RTQ6H	11/21 1700	AC	11/22 0913
Ceftaroline Fosamil	600 MG	NEB			
Sodium Chloride	100 ML	Q12H	11/21 1700	AC	11/22 0614
Multivitamins	1 BAG	IV			
		ONCE ONE	11/21 1500	DC	
		IV	11/21 1501		
Albumin Human	500 ML	ASDIR	11/21 1449	CKD	11/21 2252
		IV			
Albumin Human	500 ML	.Q5H PRN	11/21 1449	DC	
		IV			
Norepinephrine Bitartrate	16 MG	ASDIR	11/21 1445	AC	
		IV			
Dextrose/Water	234 ML				
Diphenhydramine HCl	50 MG	Q6H PRN PRN	11/21 1443	AC	11/22 0306
		IV			
Diphenhydramine HCl	50 MG	Q6H PRN PRN	11/21 1443	AC	
		PO			
Fentanyl Citrate	See Dose	Q10M PRN PRN	11/21 1443	AC	11/22 0618
	Insts (1)	IV			
Fentanyl Citrate	100 ML	ASDIR	11/21 1443	CKD	11/22 0801
		IV			
Flumazenil	See Dose	PRN PRN	11/21 1443	AC	
	Insts (2)	IV			
Midazolam HCl	See Dose	Q15M PRN PRN	11/21 1443	AC	11/22 0130
	Insts (3)	IV			
Midazolam HCl	See Dose	Q15M PRN PRN	11/21 1443	AC	11/22 0617
	Insts (4)	IV			
Midazolam HCl	100 ML	ASDIR	11/21 1443	CKD	11/22 0325
		IV			
Naloxone HCl	See Dose	PRN PRN	11/21 1443	AC	
	Insts (5)	IV			
Ondansetron HCl	4 MG	Q6H PRN PRN	11/21 1443	CKD	
		IV			
Rocuronium Bromide	50 MG	Q1H PRN PRN	11/21 1443	CKD	
		IV			
Vecuronium Bromide	10 MG	Q1P PRN	11/21 1443	AC	11/22

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

IV

0306

Dose Instructions:

(1) Fentanyl Citrate:

50-100 MCG

(2) Flumazenil:

AS DIRECTED

0.1 MG/ML

(3) Midazolam HCl:

2-5 MG

(4) Midazolam HCl:

2-5 MG

(5) Naloxone HCl:

AS DIRECTED

CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate ARDS. Plans for OR today for initial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues.

Burns-25-30 % OR today, follow post op course. Avulsion to LLE. Wound cx taken on admission and pending.

ID: Leukocytosis, leukopenia, suspect wound infection, highly contaminated on arrival with dirt in debris in wound. Remains on Teflaro/Cipro. Tissue cx taken for open wounds to thigh/LLE on arrival. Survel BC suspect early sepsis. Lactic stable follow closely.

GI: Inability to feed. GI consulted for PEG/- will begin feeds post op begin at trophic rate and advance as tolerated. Remains on ppi for stress ulcer vits for free radical scavenging. POD 2 ex-lap at Palmetto Richland, no internal injuries noted.

GU: Hypertonicity will correct with D5W, bun/cr stable, urine output 50-70ml/h. Rhabdomyolysis improving, K suboptimal will replete.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

CV: Trop, mildly elevated, likely cardiac contusion, echo pending. No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stunned myocardium, has been off pressors x 12hrs with good perfusion indication. CVP-10.

Pulm: Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose Solumedrol infusion for ARDS (Miduri). Continue aggressive pulmonary hygiene efforts with nebs. No significant focal infiltrate at this time.

Heme: Mild coagulopathy, no significant bleeding at this time. Hgb stable, follow post op labs and transfusion needs.

DVT: Remains on LMWH, foot pump. No new lower extremity edema, will obtain doppler screen next week.

Pain/Sedation: Remains on fentanyl/versed gtt. Will adjust labile BP. Appears comfortable will follow.

END: glucose intolerance, add insulin to vits, monitor check TSH maintain euthyroid state to assist with wound healing.

Lines: CL (3)/ AL (1), no evidence of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 53min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly M on 11/22/14 at 0957
Electronically Signed by Shaver MD, Joseph R on 11/23/14 at 1644

RPT #: 1122-0099
END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Bedside Procedure Note
REPORT#: 1122-0135 REPORT STATUS: Signed
DATE: 11/22/14 TIME: 1016

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
Fred
ADM DT: 11/21/14

UNIT #: G000808204
ROOM/BED: G.BU10-1
ATTEND: Mullins MD, Robert
AUTHOR: Mecredy MD, Timothy

Rep SRV DT: 11/22/14 REP SRV TM: 1016
* ALL edits or amendments must be made on the electronic/computer document *

Bedside Procedure Note

Bedside Procedure Note

Date of procedure: 11/22/14

Procedure start time: 0954

Procedure end time: 1013

Pre-procedure diagnosis:

Inability to eat

Post-procedure diagnosis:

same

Procedure: EGD PEG placement

Time out completed: Yes

Discussed risks, benefits, & alt tx: yes

Consent obtained: yes

Consent obtained from: patient

Anesthesia: No additional sedation beyond burn protocol Norcuron used

Description of procedure:

EGD

The procedure was explained to the patient and consent was signed. The patient was turned into the left lateral decubitus position and sedated. The endoscope was inserted into the oropharynx and the esophagus was entered. The endoscope was advanced to the second part of the duodenum. Careful exam of the duodenum, stomach and esophagus was undertaken.

Findings:

Vocal cords not seen

Esophagus: normal

Z line: normal at 40 cm

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/22/14
Acct#: G00557360179

Stomach: patchy erythema but no ulcerative changes

A retroflexed view of the gastric cardia revealed: no abnormalities

Duodenum: normal

Suitable site for PEG placement was chosen with direct pressure and transillumination technique. 1% xylocaine was used at the skin site. The patient was on antibiotics prior to the start of procedure. A small cut down was made after stomach puncture and the peg was pulled into place. A J tube was guided to the jejunum. The tube flushed normally.

4. The patient is to call the office for abdominal pain, bleeding or fever.

Complications: none

Estimated blood loss in ml's: 0.0

Findings:

1. Begin feedings
2. Routine peg care

Electronically Signed by Mecredy MD, Timothy E on 11/22/14 at 1021

RPT #: 1122-0135
END OF REPORT

Page 2 of 2

DIAGNOSTIC IMAGING

DOCTORS HOSPITAL
PHONE #: 706-651-6501

3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001673950 CT CHEST W/O CONTR 71250
001673951 CT ABD PEL W/O CONTR 74176

HISTORY:
Injury

CT of the maxillofacial area shows severe changes of sinusitis. Fractures of the zygomas are present. The anterior and posterior lateral walls fracture. Severe hemorrhage in the nasopharynx, oropharynx and sinuses is present. Clinical correlation is needed. The tip of the nasal bone fracture. Clinical correlation is needed.

Impression: Bilateral zygoma fractures with severe soft tissue swelling in the sinuses consistent with recent hemorrhage. The nasal bone is minimally fractured. Clinical correlation is needed. Facial plastic surgery follow-up and evaluation recommended

CT of the chest

CT image through the chest mediastinum were obtained. Multiplanar imaging was performed.

The patient is intubated. There is an NG tube in place. There is severe perihilar alveolar infiltrate consistent with a blast type injury or severe acute lung injury. There is no definite evidence of a pneumothorax and no obvious rib fractures are identified. Clinical correlation is needed.

Impression: Severe perihilar alveolar infiltrates consistent with an acute lung injury. Follow-up recommended.

CT of the abdomen pelvis.

CT of the pelvis without contrast shows an NG tube in the stomach. The gallbladder appears to be intact. The liver, spleen are normal. Pancreas is not enlarged. The kidneys are unremarkable. Patient has a Foley catheter in the bladder. No pelvic abnormality is

seen. Clinical correlation is needed. Vascular calcification along the aorta is present.

OPINION:

PRINTED BY: NG tube in place DATE 11/29/2014 acute abdominal abnormality identified. 1

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001673950 CT CHEST W/O CONTR
001673951 CT ABD PEL W/O CONT
<Continued>

Interest/reason for exam:: CPT CODE:
71250
74176

** Electronically Signed by JAMES DAVIS MD on 11/22/2014 at 0828 **
Reported and signed by: JAMES DAVIS, MD

DIAGNOSTIC IMAGING

DOCTORS HOSPITAL
PHONE #: 706-651-6501

3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam: CPT CODE:
001673950 CT CHEST W/O CONTR 71250
001673951 CT ABD PEL W/O CONTR 74176

HISTORY:
Injury

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Impression: Bilateral zygoma fractures with severe soft tissue swelling in the sinuses consistent with recent hemorrhage. The nasal bone is minimally fractured. Clinical correlation is needed. Facial plastic surgery follow-up and evaluation recommended

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Impression: Severe perihilar alveolar infiltrates consistent with an acute lung injury. Follow-up recommended.

CT of the abdomen pelvis.

CT of the pelvis without contrast shows an NG tube in the stomach. The gallbladder appears to be intact. The liver, spleen are normal. Pancreas is not enlarged. The kidneys are unremarkable. Patient has a Foley catheter in the bladder. No pelvic abnormality is deftly

seen. Clinical correlation is needed. Vascular calcification along the aorta is present.

OPINION:

PRINTED BY: NEQ8372 in place DATE 6/3/2015 No definite acute abdominal abnormality identified. 1

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001673950 CT CHEST W/O CONTR
001673951 CT ABD PEL W/O CONTR
<Continued>

Interest/reason for exam:: CPT CODE:
71250
74176

** Electronically Signed by JAMES DAVIS MD on 11/22/2014 at 0828 **
Reported and signed by: JAMES DAVIS, MD

CC:

PRINTED BY: IE08372 DATE 8/3/2015
DATE: 11/22/2014 (0828) BY: DR.DAVJA
PAGE 2 Signer-170-ort

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG,GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001673955 CT HEAD W/O CONTR

Interest/reason for exam:: CPT CODE:
70450

HISTORY:
HISTORY:
Injury

The ventricular system is normal in size and position. Multiplanar imaging shows severe changes of sinusitis and edema and sinuses and nasal passages. Soft tissue swelling around the face and head is present. No intracranial injury is definitely seen. The bony calvarium is intact. There is no displacement of the midline structures. No focal parenchymal abnormalities are present. The extracerebral spaces are normal. The bony calvarium is intact. No hemorrhage is seen.

IMPRESSION:
Severe changes of facial edema bony calvarium edema and diffuse changes of sinusitis.
This could be traumatic. No definite fracture is seen

** Electronically Signed by JAMES DAVIS MD on 11/22/2014 at 0820 **
Reported and signed by: JAMES DAVIS,MD

CC:

DATE 11/23/2014 (0820) BY DR DAVIS
PRINTED BY: 11/23/2014
PAGE 1 Signed Report

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959
PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014
OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014
MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A
REASON: explosion trauma RAD: DAVJA - James D

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001673948 CT MAX FAC W/O CONT explosion trauma 70486

HISTORY:
Injury

CT of the maxillofacial area shows severe changes of sinusitis. Fractures of the zygomas are present. The anterior and posterior lateral walls fracture. Severe hemorrhage in the nasopharynx, oropharynx and sinuses is present. Clinical correlation is needed. The tip of the nasal bone fracture. Clinical correlation is needed.

Impression: Bilateral zygoma fractures with severe soft tissue swelling in the sinuses consistent with recent hemorrhage. The nasal bone is minimally fractured. Clinical correlation is needed. Facial plastic surgery follow-up and evaluation recommended

CT of the chest

CT image through the chest mediastinum were obtained. Multiplanar imaging was performed.

The patient is intubated. There is an NG tube in place. There is severe perihilar alveolar infiltrate consistent with a blast type injury or severe acute lung injury. There is no definite evidence of a pneumothorax and no obvious rib fractures are identified. Clinical correlation is needed.

Impression: Severe perihilar alveolar infiltrates consistent with an acute lung injury. Follow-up recommended.

CT of the abdomen pelvis.

CT of the pelvis without contrast shows an NG tube in the stomach. The gallbladder appears to be intact. The liver, spleen are normal. Pancreas is not enlarged. The kidneys are unremarkable. Patient has a Foley catheter in the bladder. No pelvic abnormality is deftly seen. Clinical correlation is needed. Vascular calcification along the aorta is present.

OPINION:

NG tube in place. No definite acute abdominal abnormality identified.

DIAGNOSTIC IMAGING

DOCTORS HOSPITAL
PHONE #: 706-651-6501

- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/22/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/21/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON:

RAD: for exam: TRAUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001673949 CTA NECKInterest/reason for exam:: CPT CODE:
70498HISTORY:
Blast injury

CT of the chest and neck with contrast was obtained. The aortic arch and the origin of the great vessels appear to be normal.

The great vessels fill normally. No avascular injury is definitely identified. Severe facial injury with zygomatic fractures are present.

Intracranial blood flow appears to be normal. CT images at of the neck show no vascular occlusion and carotid and jugular vessels are intact. There is no contrast extravasation. An ET tube and NG tube are noted. Multiplanar imaging was obtained. MIP images show no evidence of any definite thrombosis.

Impression: Negative CTA of the neck with multi formatted images and MIP images obtained. Facial fractures. Severe blast injury to the chest

** Electronically Signed by JAMES DAVIS MD on 11/22/2014 at 0831 **
Reported and signed by: JAMES DAVIS, MD

CC:

DATE 11/22/2014 (0831) BY DR DAVIS
PRINTED BY: 11/22/2014
PAGE 1
Signed Report

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959
PATIENT NAME: LONG,GYLES SEX: M EXAM DATE: 11/22/2014
OD PHYSICIAN: Shaver MD,Joseph R ADM: 11/21/2014 ORDERED: 11/22/2014
MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A
REASON: RAD: for exam: RESP

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674019 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Injury

AP chest. Bilateral alveolar densities in both lung zones are noted
and acute lung injury or atelectasis appears to be present..
Left-sided PICC line ET tube and NG tube are noted.

IMPRESSION:
Perihilar infiltrates consistent with acute lung injury or
atelectasis

** Electronically Signed by JAMES DAVIS MD on 11/22/2014 at 0939 **
Reported and signed by: JAMES DAVIS,MD

CC:

DATE 11/23/2014 (0939) BY DR DAVIS
PRINTED BY: IE98372
PAGE 1 Signed Report

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/23/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/23/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674183 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory failure.

Prior: Yesterday

Findings: Endotracheal tube tip 1 cm below clavicular heads. Left subclavian line stable. Cardiomeastinal silhouette stable. No pneumothorax or effusion.

Stable, localized areas of consolidation in the perihilar lung bilaterally measuring 6-7 cm diameter on each side. The distribution is stable, the area of consolidation is a little increased.

Impression: Mild worsening in dense perihilar consolidations.

** Electronically Signed by Joshua Ben Rafoth MD **
** on 11/23/2014 at 0800 **
Reported and signed by: Joshua Ben Rafoth, MD

CC:

DATE 11/23/2014 (0800) BY DR. RAFOH
PRINTED BY: 1120372 DATE 11/23/2014
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1123-0467 REPORT STATUS: Signed
 DATE: 11/23/14 TIME: 1740

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred
 ADM DT: 11/21/14
 Rep SRV DT: 11/23/14
 * ALL edits or amendments must be made on the electronic/computer document *

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert
 AUTHOR: Lack PAC, Kevin C.
 REP SRV TM: 1740

General

Post-op: day 1
 Status post: cadaver graft, porcine graft

Subjective

Patient reports:
 No: able to communicate.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	11/23 1630
B/P	104/52	11/23 1630
Temp	37.7	11/23 1630
Pulse	102	11/23 1630
Resp	22	11/23 1630
FI O2	75	11/23 1204
O2 Delivery Ventilator		11/23 0820
O2 Flow Rate	75	11/23 0820

24 hour I&O ending at 0700:

	11/23 0000	11/22 1200
Intake Total	3654	2908
Output Total	1090	2170
Balance	2564	738
Intake, IV	2623	2332
Intake, Packed Cells	359	
Intake, TPN/PPN	672	576
Output, Gastric Drainage	250	175

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

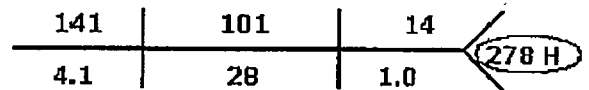
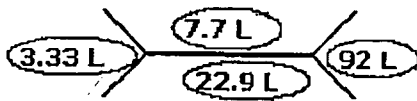
Output, Urine	840	1995

General appearance: intubated, respiratory support
Skin: cadaver to upper torso and right arm pocine to lower legs inplace no malodor

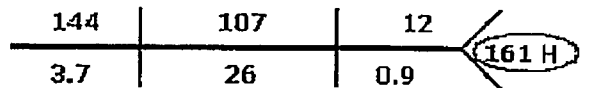
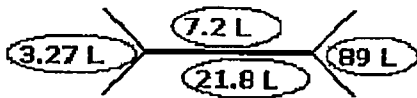
Results

Findings/Data:
 Laboratory Tests

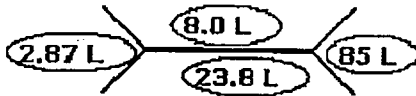
11/23/14 1106:



11/23/14 0315:



11/22/14 2100:

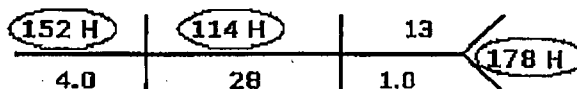
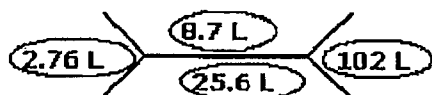


11/22/14 0500:

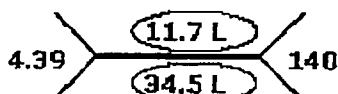


11/21/14 2345:

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179



11/21/14 1800:



Coagulation:

	11/23 1106	11/23 0315	11/22 2100
Coagulation			
PT (9.3 - 11.3 SECONDS)	11.0	11.7 H	11.9 H
INR	1.05	1.12	1.14
PTT (21.9 - 31.4 SECONDS)	31.4	38.1 H	38.5 H

Microbiology:

11/23 1025 URINE: Urine Culture - RECD
 11/23 1015 BLOOD: Anaerobic Blood Culture - RECD
 11/23 1015 BLOOD: Aerobic Blood Culture - RECD
 11/23 1005 BLOOD: Anaerobic Blood Culture - RECD
 11/23 1005 BLOOD: Aerobic Blood Culture - RECD
 11/23 0335 BLOOD: Anaerobic Blood Culture - RECD
 11/23 0335 BLOOD: Aerobic Blood Culture - RECD
 11/23 0330 BLOOD: Anaerobic Blood Culture - RECD
 11/23 0330 BLOOD: Aerobic Blood Culture - RECD
 11/22 1450 BRON WASH: Fungal Culture - RECD
 11/22 1450 BRON WASH: Fungal Smear - RECD
 11/22 1450 BRONCH LAV: Fungal Culture - RECD
 11/22 1450 BRONCH LAV: Fungal Smear - RECD
 11/22 1450 BRON WASH: Bronchial Washings Culture - RES
 BACILLUS SPECIES NOT ANTHRACIS
 11/22 1450 BRON WASH: Gram Stain - RES
 11/22 1450 BRONCH LAV: Bronchoalveolar Lavage Culture - RES
 11/22 1450 BRONCH LAV: Gram Stain - RES
 11/22 1445 BRO. BRUSH: Bronchial Brush Culture - RES
 11/22 1445 BRO. BRUSH: Gram Stain - RES
 11/22 0900 ABDOMINAL: Wound Culture - RES

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
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11/22 0900 ABDOMINAL: Gram Stain - RES
11/22 0900 URINE: Urine Culture - RES
11/21 1815 BLOOD: Anaerobic Blood Culture - RES
11/21 1815 BLOOD: Aerobic Blood Culture - RES
11/21 1810 URINE: Urine Culture - COMP
11/21 1750 BLOOD: Anaerobic Blood Culture - RES
11/21 1750 BLOOD: Aerobic Blood Culture - RES
11/21 1645 TIBIA: Wound Culture - COMP
SERRATIA PLYMUTHICA
11/21 1645 TIBIA: Gram Stain - COMP
11/21 1645 LEG: Wound Culture - COMP
11/21 1645 LEG: Gram Stain - COMP
11/21 1516 BLOOD: Anaerobic Blood Culture - CAN
Cancelled: Auto-cancelled after 1 day.
11/21 1516 BLOOD: Aerobic Blood Culture - CAN
Cancelled: Auto-cancelled after 1 day.
11/21 1515 BLOOD: Anaerobic Blood Culture - CAN
Cancelled: Auto-cancelled after 1 day.
11/21 1515 BLOOD: Aerobic Blood Culture - CAN
Cancelled: Auto-cancelled after 1 day.

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

cont sulfamylon nystatin soaks
change daily
no surg needed for facial fx currently

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
Acct#: G00557360179

pt seen with Dr Mullins 99232x2

Electronically Signed by Lack PAC, Kevin C. on 11/23/14 at 1744
Electronically Signed by Mullins MD, Robert Fred on 11/24/14 at 0958

RPT #: 1123-0467
END OF REPORT

Page 5 of 5

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1123-0299 REPORT STATUS: Signed
 DATE:11/23/14 TIME: 1402

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/23/14

REP SRV TM: 1402

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

No: complaints.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	11/23 1249
Temp	38.2	11/23 1249
Pulse	120	11/23 1249
Resp	20	11/23 1249
FIO2	75	11/23 1204
O2 Delivery	Ventilator	11/23 0820
O2 Flow Rate	75	11/23 0820
B/P	158/88	11/21 1629

24 hour I&O ending at 0700:

	11/23 0000	11/22 1200
Intake Total	3654	2908
Output Total	1090	2170
Balance	2564	738
Intake, IV	2623	2332
Intake, Packed Cells	359	
Intake, TPN/PPN	672	576
Output, Gastric Drainage	250	175
Output, Urine	840	1995

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

Temperature maximum: 38.1
 Status post:
 HD 3
 Antibiotics: day 3, Teflaro/Cipro

Physical Exam

General appearance: altered mental status
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: altered mental status
Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Glasgow eyes:	no eye opening	1
Glasgow speech:	no verbal response	1
Glasgow motor:	localizes pain	5
Total		7

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/23 1015	11/23 1015	11/23 0315	11/23 0315	11/22 2200
Blood Gas					
Patient Temperature (C)	37.8	37.8	37.4	37.4	36.7
pH (7.35 - 7.45)		7.36		7.39	
pCO2 (35 - 45 mmHg)		47 H		46 H	
pO2 (75 - 100 mmHg)		193 H		211 H	
Bicarbonate Actual (22 - 26 mMol/L)		25		27 H	
Total CO2 (26 - 28 mMol/L)		27		29 H	
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)		100 H		99 H	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

ABG Base Excess (-2.0 - 2.0 mMoL/L)	0.3	2.2 H	
Mixed VBG pH (7.35 - 7.457.59)	7.33 L	7.37	7.33 L
Mixed VBG pCO2 (NONE ESTAB mmHg)	51	49	58
Mixed VBG pO2 (NONE ESTAB mmHg)	57	60	60
Mixed VBG HCO3 (NONE ESTAB mMoL/L)	24	26	27
Mixed VBG Total CO2 (NONE ESTAB mMoL/L)	28	29	31
Mixed VBG Base Excess (NONE ESTAB mMoL/L)	0.1	2.2	2.8
Mixed VBG O2 Saturation (NONE ESTAB %)	87	91	91
FIO2 (%)	75.0	75.0	75.0

	11/22	11/22
	2100	1533
Blood Gas		
Patient Temperature (C)	36.7	38.2
pH (7.35 - 7.45)	7.39	7.36
pCO2 (35 - 45 mmHg)	46 H	54 H
pO2 (75 - 100 mmHg)	298 H	210 H
Bicarbonate Actual (22 - 26 mMoL/L)	26	28 H
Total CO2 (26 - 28 mMoL/L)	29 H	31 H
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)	100 H	100 H
ABG Base Excess (-2.0 - 2.0 mMoL/L)	1.7	3.6 H
FIO2 (%)	100.0	100.0

Laboratory Tests

	11/23	11/23	11/23	11/23	11/23
	1114	1106	0700	0315	0315
Chemistry					
Sodium (136 - 145 MMOL/L)	141				144
Potassium (3.5 - 5.1 MMOL/L)	4.1				3.7
Chloride (99 - 109 MMOL/L)	101				107
Carbon Dioxide (21 - 32 MMOL/L)	28				26
Anion Gap (9 - 18 MMOL/L)	16				15
BUN (7 - 21 MG/DL)	14				12
Creatinine (0.5 - 1.4 MG/DL)	1.0				0.9
Est GFR (African Amer) (> 60)	> 60				> 60
Est GFR (Non-Af Amer) (> 60)	> 60				> 60
BUN/Creatinine Ratio (11.0 - 18.0)	14.0				13.3
Glucose (70 - 110 MG/DL)	278 H				161 H
POC Glucose (70 - 110 MG/DL)			229 H		
Lactic Acid (0.4 - 2.0 MMOL/L)	1.7			1.1	
Ionized Calcium (1.13 - 1.32 mMoL/L)	1.15				1.07 L
Phosphorus (2.3 - 4.5 MG/DL)					2.5

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
Acct#: G00557360179

Magnesium (1.5 - 2.4 MG/DL)			1.5
Total Bilirubin (0.20 - 1.00 MG/DL)			2.40 H
AST (15 - 37 UNITS/L)			18
Alkaline Phosphatase (50 - 136 UNITS/L)			48 L
Creatine Kinase (39 - 308 UNITS/L)			243
B-Natriuretic Peptide (0 - 100 PG/ML)	121 H		114 H
Amylase (25 - 115 UNITS/L)	152 H		
Lipase (73 - 393 UNITS/L)	533 H		
TSH (0.44 - 4.47)	0.10 L		
Free T4 (0.89 - 1.76 NG/DL)	0.61 L		
Free T3 (230 - 420 PG/DL)	185 L		

	11/23 0053	11/22 2156	11/22 2100	11/22 2100	11/22 1856
Chemistry					
Sodium (136 - 145 MMOL/L)				144	
Potassium (3.5 - 5.1 MMOL/L)				3.1 L	
Chloride (99 - 109 MMOL/L)				110 H	
Carbon Dioxide (21 - 32 MMOL/L)				27	
Anion Gap (9 - 18 MMOL/L)				10	
BUN (7 - 21 MG/DL)				11	
Creatinine (0.5 - 1.4 MG/DL)				0.9	
Est GFR (African Amer) (> 60)				> 60	
Est GFR (Non-Af Amer) (> 60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)				12.2	
Glucose (70 - 110 MG/DL)				215 H	
POC Glucose (70 - 110 MG/DL)	147 H	196 H			175 H
Lactic Acid (0.4 - 2.0 MMOL/L)			2.1 H		
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.13	
Phosphorus (2.3 - 4.5 MG/DL)				1.6 L	
Magnesium (1.5 - 2.4 MG/DL)				1.6	

Laboratory Tests

	11/23 1106	11/23 0315	11/22 2100
Coagulation			
PT (9.3 - 11.3 SECONDS)	11.0	11.7 H	11.9 H
INR	1.05	1.12	1.14
PTT (21.9 - 31.4 SECONDS)	31.4	38.1 H	38.5 H
Fibrinogen (200 - 400 MG/DL)	517 H	437 H	413 H
D-Dimer (0.19 - 0.52 mg/L FEU)		2.18 H	1.41 H

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

Laboratory Tests

	11/23 1106	11/23 0315	11/22 2100
Hematology			
WBC (4.0 - 11.0 THOUS/uL)	3.33 L	3.27 L	2.87 L
RBC (4.30 - 5.80 MIL/uL)	2.45 L	2.34 L	2.56 L
Hgb (13.0 - 17.3 GM/DL)	7.7 L	7.2 L	8.0 L
Hct (38.0 - 52.0 %)	22.9 L	21.8 L	23.8 L
MCV (80.0 - 98.0 FL)	93.5	93.2	93.0
MCH (27.0 - 34.0 PG)	31.4	30.8	31.3
MCHC (31.5 - 36.5 G/DL)	33.6	33.0	33.6
Plt Count (140 - 400 THOUS/uL)	92 L	89 L	85 L
Band Neutrophils % (0 - 5 %)	30.6 H	29.0 H	28.7 H
Segmented Neutrophils (40 - 65)	64.0	50.7	46.3
Lymphocytes (20 - 40)	5.4 L	14.5 L	19.4 L
Monocytes (2 - 8)		1.4 L	0.9 L
Eosinophils (0 - 4)		4.3 H	4.6 H
Nucleated RBCs (0 - 0)	0.9 H		
Toxic Granulation		MODERATE	
Platelet Estimate		APPEARS DECREASED	
Megathrombocytes		LARGE PLATELETS	
Polychromasia	SLIGHT	SLIGHT	SLIGHT
Hypochromasia	NORMAL	NORMAL	NORMAL
Poikilocytosis	NORMAL	NORMAL	NORMAL
Anisocytosis	SLIGHT	SLIGHT	SLIGHT
Microcytosis	SLIGHT	NORMAL	SLIGHT
Macrocytosis	NORMAL	NORMAL	NORMAL

Laboratory Tests

	11/22 1450
Other Body Source	
Fluid Source	BRONCHIAL LAVAGE
Fluid WBC (/CUMM)	287
Fluid RBC (/CUMM)	35000
Fluid Lymphocytes (%)	3
Fluid Mononuclear Cell (%)	19
Fl Polymorphonucel Cell (%)	43
Fld Monocyte/Macrophag (%)	35

Laboratory Tests

	11/23

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

	1025
Urines	
Urine Color (YELLOW)	YELLOW
Urine Appearance (CLEAR)	CLEAR
Urine pH (5.0 - 8.0)	6.5
Ur Specific Gravity (1.005 - 1.025)	1.010
Urine Protein (NEGATIVE MG/DL)	NEGATIVE
Urine Ketones (NEGATIVE MG/DL)	NEGATIVE
Urine Blood (NEGATIVE)	NEGATIVE
Urine Nitrite (NEGATIVE)	NEGATIVE
Urine Bilirubin (NEGATIVE MG/DL)	NEGATIVE
Urine Urobilinogen (< = 1.0 MG/DL)	NEGATIVE
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE
Urine RBC (0 - 2/HPF)	0
Urine WBC (0 - 5/HPF)	0
Ur Epithelial Cells (NEGATIVE)	NEGATIVE
Urine Bacteria (NEGATIVE)	NEGATIVE
Urine Yeast (NEGATIVE)	NO YEAST SEEN
Urine Glucose (NEGATIVE MG/DL)	250 *

Radiology data

Recent Impressions:

RADIOLOGY - CHEST AP PORT 11/23 0520

*** Report Impression - Status: SIGNED Entered: 11/23/2014 0804

Impression: Mild worsening in dense perihilar consolidations.

Impression By: RAFJO - Joshua Ben Rafoth, MD

Results: labs reviewed

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: D5W

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Furosemide	40 MG	0948 IV	11/23 0948 11/23 1159	DC	11/23 1001
Calcium Gluconate	100 ML	0900 ONE IV	11/23 0900 11/23 0929	DC	11/23 0849
Chlorhexidine Gluconate	0	.STK-MED ONE TOPICAL	11/23 0725	DC	
Magnesium Sulfate	50 ML	0630 IV	11/23 0630 11/23 1230	DC	11/23 0644
Methylprednisolone	110 MG	Q24H IV	11/23 0030	AC	11/23 0032
Sodium Succinate	250 ML				
Sodium Chloride	0	.STK-MED ONE IV	11/22 2352 11/22 2353	DC	
Vecuronium Bromide	0	.STK-MED ONE IV	11/22 2352 11/22 2353	DC	
White Petrol/Mineral Oil/Lanolin	0	.STK-MED ONE EACH EYE	11/22 2352 11/22 2353	DC	
Potassium Phosphate	40 MEQ	2300	11/22 2300	DC	11/22
Sodium Chloride	150 ML	IV	11/23 0400		2252
Mafenide Acetate	0	.STK-MED ONE TOPICAL	11/22 2233	DC	
Chlorhexidine Gluconate	1 APPLIC	DAILY PRN PRN SWISH SPIT	11/22 2206	AC	11/23 1217
Enoxaparin Sodium	40 MG	DAILY@2200 SUBQ	11/22 2200	DA	
Magnesium Hydroxide	60 ML	QPM PER TUBE	11/22 2100	AC	11/22 2251
Mafenide Acetate	1 APPLIC	ASDIR	11/22 1906	CKD	11/23 0646
Sterile Water	1,000 ML	TOPICAL			
Bacitracin/Polymyxin B Sulfate	0	.STK-MED ONE TOPICAL	11/22 1820	DC	

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
Acct#: G00557360179

Folic Acid	5 MG	QDAY@1800	11/22 1800	CKD	11/22
Thiamine HCl	200 MG	IV	11/23 1759		1818
Multivitamins	10 ML				
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	1,500 ML				
Amino Acids	750 ML				
Chlorhexidine Gluconate	0	.STK-MED ONE TOPICAL	11/22 1613	DC	
Epinephrine	0	.STK-MED ONE .ROUTE	11/22 1613	DC	
Thrombin	0	.STK-MED ONE TOPICAL	11/22 1613	DC	
Insulin Human Regular	0	Q6HR IV	11/22 1200	AC	11/23 1210
Ergocalciferol	50,000 INTL.UNITS	Q30D PER TUBE	11/22 1030	AC	
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC	11/23 0833
Polyethylene Glycol	1 PKT	BID = PER TUBE	11/22 1030	AC	11/23 0834
Tobramycin/ Dexamethasone	See Dose Insts (1)	Q12 EACH EYE	11/22 1030	AC	11/23 0834
Dextrose/Water	1,000 ML	.Q5H IV	11/22 0715	DC	11/22 1333
Pantoprazole	80 MG	0600 IV	11/22 0600	DC	11/22 0615
Sodium Chloride	250 ML	PRN PRN IV	11/22 0311	AC	11/23 0646
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC	
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC	
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/22 1205
Ciprofloxacin/ Dextrose	200 ML	Q12H IV	11/21 2000	AC	11/23 0743
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/23 0834

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/23/14
 Acct#: G00557360179

Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/23 0904
Ceftaroline Fosamil	600 MG	Q12H	11/21 1700	AC	11/23 0248
Sodium Chloride	100 ML	IV			
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD	11/23 0215
Norepinephrine Bitartrate	16 MG	ASDIR IV	11/21 1445	AC	
Dextrose/Water	234 ML				
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/23 0352
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC	
Fentanyl Citrate	See Dose Insts (2)	Q10M PRN PRN IV	11/21 1443	AC	11/23 0354
Fentanyl Citrate	100 ML	ASDIR IV	11/21 1443	CKD	11/23 0754
Flumazenil	See Dose Insts (3)	PRN PRN IV	11/21 1443	AC	
Midazolam HCl	See Dose Insts (4)	Q15M PRN PRN IV	11/21 1443	AC	11/22 0130
Midazolam HCl	See Dose Insts (5)	Q15M PRN PRN IV	11/21 1443	AC	11/23 0352
Midazolam HCl	100 ML	ASDIR IV	11/21 1443	CKD	11/23 0214
Naloxone HCl	See Dose Insts (6)	PRN PRN IV	11/21 1443	AC	
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD	
Rocuronium Bromide	50 MG	Q1H PRN PRN IV	11/21 1443	CKD	
Vecuronium Bromide	10 MG	Q1P PRN IV	11/21 1443	AC	11/22 1426

Dose Instructions:

- (1) Tobramycin/Dexamethasone:
 APPLY TO EA EYE
 (2) Fentanyl Citrate:
 50-100 MCG
 (3) Flumazenil:
 AS DIRECTED
 0.1 MG/ML

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
Acct#: G00557360179

(4)Midazolam HCl:
2-5 MG
(5)Midazolam HCl:
2-5 MG
(6)Naloxone HCl:
AS DIRECTED
CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperiteneum, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate OR 11/22 for intial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues.

Burns-25-30 % OR today, follow post op course. Avulsion to LLE. Wound cx taken on admission and pending.

ID:Leukocytosis, leukopenia, suspect wound infection, highly contaminated on arrival with dirt in debris in wound. Remains on Teflaro/Cipro. Tissue cx taken for open wounds to thigh/LLE on arrival. Bacillus/serratia. BC NGTD so far. Lactic stable follow closely.

GI:Inability to feed. GI consulted for PEG/J- will begin feeds post op begin at trophic rate, tolerating so far, increase to 50ml/h (Impact)Remains on ppi for stress ulcer vits for free radical scavengering. POD 3 ex-lap at Palmetto Richland, no internal injuries noted.

GU:Hypertonicity improved with D5W in vits, bun/cr stable, urine output 50-70ml/h. Rhabdomyolysis improving, K suboptimal will replete. Remains overall ++ on I/O will diuresis today d/t pulmonary concerns.

CV:Trop, mildly elevated, likely cardiac contusion, echo stable EF/no effusion. No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substancial pressor requirements on admission suspect stun myocardium, has been off pressors since admission with no new issues.

Pulm:Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose Solumedrol infusion for ARDS (Miduri). Continue agg pulmonary hygiene efforts with nebs.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/23/14
Acct#: G00557360179

No significant focal infiltrate at this time. Remains at high risk for pulmonary leak d/t contusion. Pulmonary pressures high on Echo c/w pulmonary contusion will diuresis today. Monitor for fluid overload closely.

Heme: Mild coagulopathy, no significant bleeding at this time, hgb 7.7 today will transfuse 1 unit today suspect wound/lung related. Continues to have bright red blood with sxn. but non-hemorrhagic.

DVT: Remains on LMWH, foot pump. No new lower ext edema, will obtain dopp screen next week.

Pain/Sedation: Remains on fentanyl/versed gtt. Will adjust labile BP. Appears comfortable will follow. Begin some longer acting agents

END: glucose intolerance, add insulin to vits, monitor check TSH maintain euthyroid state to assist with wound healing.

Lines: CL (4)/ AL (1), no evid of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hr 55 min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly M on 11/23/14 at 1411
Electronically Signed by Shaver MD, Joseph R on 11/23/14 at 1639

RPT #: 1123-0299
END OF REPORT

Doctors Hospital
3651 Wheeler Rd
Augusta, Ga 30909

Patient: LONG, GYLES
Account No: G00557360179
Unit No: G000808204
Patient Status: ADM IN Admit Date: 11/21/14
Attending Dr: Mullins MD, Robert Fred
DOB: 09/17/59 Age: 55 Sex: M
Study date: 11/24/14 Time: 1655

Test Reason : EKG Changes

Blood Pressure : ***/** mmHG

Vent. Rate : 089 BPM

Atrial Rate : 089 BPM

P-R Int : 136 ms

QRS Dur : 088 ms

QT Int : 382 ms

P-R-T Axes : 062 -08 040 degrees

QTc Int : 464 ms

Normal sinus rhythm

Normal ECG

When compared with ECG of 22-NOV-2014 05:39,

No significant change was found

Confirmed by SMITH MD, STUART (4501) on 11/24/2014 10:55:47 PM

Referred By: Robert Mullins

Confirmed By: STUART SMITH MD

Electronically Signed by W Stuart Smith MD on 11/24/14 at 2256

Patient Name: LONG, GYLES

Account #: G00557360179

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

GO -192- 3204

G00557360179

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674410 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory failure

AP chest

Bilateral perihilar infiltrates present. The left-sided central line and ET tube remain in good as a there is no one day interval change.

Opinion one day interval change.

** Electronically Signed by JAMES DAVIS MD on 11/24/2014 at 0814 **
Reported and signed by: JAMES DAVIS, MD

CC:

DATE 11/24/2014 (0814) BY DR DAVIS
PRINTED BY: 11/28/2014
PAGE 1 Signed Report

-----193-----

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: diste

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674564 ABD/KUB PORT

Interest/reason for exam:: CPT CODE:
74000

HISTORY:
Ileus.

KUB

There is a peg tube in place. The bowel gas pattern is normal. The patient has had previous abdominal surgery and right hip surgery.

OPINION:
Peg tube in place. No distension identified.

** Electronically Signed by JAMES DAVIS MD on 11/24/2014 at 1430 **
Reported and signed by: JAMES DAVIS, MD

CC:

DATE 11/24/2014 (1430) BY JAMES DAVIS
PRINTED BY: JED8372
PAGE 1 Signed Report

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ams

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674627 CT HEAD W/O CONTR

Interest/reason for exam:: CPT CODE:
70450

HISTORY:

Technique: Unenhanced head CT.

Comparison: 11/22/2014.

Results: Soft tissue swelling of scalp tissues in the upper parietal region, similar to previous, and along the left parieto-occipital region. No interval cerebral infarction, and no intracranial hemorrhage, mass, mass effect or midline shift. Scattered fluid in mastoid air cells bilaterally, also and middle ear cavities, nasal passageways, pharynx and in the paranasal sinuses, where facial fractures are again identified in the nasal bones, bilateral maxillary sinuses (anterior and posterior), the sinuses exhibiting high density areas of hemorrhage, similar to previous. Facial soft tissue swelling as well.

Impression:

1. No acute intracranial process.
2. Maxillofacial fracturing, paranasal sinus hemorrhage, similar previous.
3. Scalp and facial edema/soft tissue swelling.
4. Bilateral mastoid effusions. Fluid in the middle ear cavities.

** Electronically Signed by FORREST WALKER MD on 11/24/2014 at 1632 **
Reported and signed by: FORREST WALKER, MD

CC:

DATE 11/24/2014 (1632) BY DR. J. WALKER
PRINTED BY: J. WALKER
PAGE 1 Signed Report

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DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: CONTU

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001674625 CT CHEST W/O CONTR 71250
001674626 CT ABD PEL W/O CONT 74176

HISTORY:

Technique: Unenhanced CT scan chest, abdomen and pelvis. Limited assessment viscera without IV contrast.

Comparison: 11/22/2014.

Results: Left side vascular catheter extending into SVC. Right femoral artery catheter on the right hand side. Scattered staples overlie the abdominal wall from previous burn surgery, and there are skin defects along the abdominal pannus anteriorly. Mild edema in the thigh regions bilaterally. Dependent edema in the flank regions. In the chest, lesser edema in the subcutaneous tissues dependently.

The patient is intubated. There are perihilar ground-glass consolidations bilaterally that may represent pulmonary airspace edema, and in the dependent lower lobes are dense consolidations with air bronchograms in association with small bilateral pleural effusions.

Small amount of upper perisplenic low density fluid, possible ascites. Trace fluid in Morison's pouch, along anterior pararenal fascia, and patchy sites of low density fluid in the pelvis.

Gastrostomy tube in the stomach with a jejunal feeding tube extending beyond ligament Treitz. No small bowel obstruction. Colonic diverticulosis without diverticulitis. No large bowel obstruction. No free air or portal venous gas. Bladder with a small amount of urine and air explained by Foley catheter. Prostate calcification. No adenopathy. Atheromatous calcification aorta.

Homogeneous liver and spleen. High density in the gallbladder that could be vicarious excrete contrast if any recent radiologic procedures, high density, sludge, gallbladder hemorrhage or small

stones. No dilated bile ducts. Unremarkable pancreas, spleen, splenule, and adrenals. Nonobstructed kidneys. There is minimal/mild periureteric stranding of fat along the upper right ureter.

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: CONTU

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674625 CT CHEST W/O CONTR
001674626 CT ABD PEL W/O CONT
<Continued>

Interest/reason for exam:: CPT CODE:
71250
74176

Prior ORIF right hip with intramedullary rod and a nail extending into the femur head. Bony pelvis intact. No displaced rib fractures. Thoracolumbar alignment satisfactory.

Impression:

1. Bilateral pulmonary infiltrates and/or edema, with the perihilar consolidations less dense and more ground-glass, the lower lobe consolidations dense and similar previous.
2. Interval burn surgery with scattered staples along the anterior abdominal wall, where defects are identified on the skin and subcutaneous fat. Body wall edema.
3. Gastrostomy with jejunal feeding tube. Foley catheter. Right femoral artery catheter and a left-sided central line.
4. High density in the gallbladder that might be sludge, small stones, hemorrhage or old excreted contrast.
5. Small amount of perisplenic, right pericolic gutter and patchy pelvic fluid, possible ascites.

** Electronically Signed by FORREST WALKER MD on 11/24/2014 at 1642 **
Reported and signed by: FORREST WALKER, MD

CC:

PRINTED BY: IEQ8372 DATE 8/3/2015
DATE: 11/24/2014 (1642) BY: DR. WALFO
PAGE 2 Signet_197.ort

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: CONTU

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
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stones. No dilated bile ducts. Unremarkable pancreas, spleen, splenule, and adrenals. Nonobstructed kidneys. There is minimal/mild periureteric stranding of fat along the upper right ureter.

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1124-0534 REPORT STATUS: Signed
 DATE:11/24/14 TIME: 1808

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14
 Rep SRV DT: 11/24/14

AUTHOR: Lack PAC, Kevin C.
 REP SRV TM: 1808

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2
 Status post: cadaver graft, porcine graft

Subjective

Patient reports:
 No: able to communicate.

Objective

VS/I&O:
 Last Documented:

	Result	Date Time
Pulse Ox	96	11/24 1633
FiO2	50	11/24 1633
Pulse	84	11/24 1633
Resp	16	11/24 1633
Temp	37.3	11/24 1300
O2 Delivery Ventilator		11/24 0730
O2 Flow Rate	60	11/24 0730
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/24 0000	11/23 1200
Intake Total	3110	2175
Output Total	3710	1300
Balance	-600	875
Intake, IV	713	635
Intake, Oral		180
Intake, Other	200	
Intake, Packed Cells	337	
Intake, TPN/PPN	1140	1140
Intake, Tube	720	220

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/24/14
 Acct#: G00557360179

Feeding		
Output, Estimated Blood Loss	80	
Output, Gastric Drainage	650	100
Output, Urine	2980	1200

General appearance: respiratory support, sedated
Skin: cadaver to upper torso and right arm pocine to lower legs inplace no malodor

Results

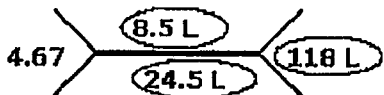
Findings/Data:
Laboratory Tests

11/24/14 1700:



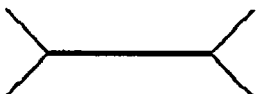
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3.0 L	29	1.0	

11/24/14 0330:



142	107	22 H	294 H
3.7	27	0.8	

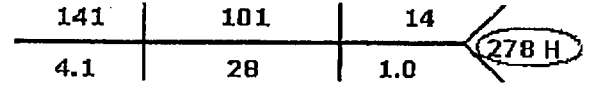
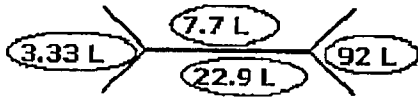
11/23/14 2230:



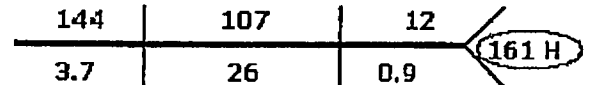
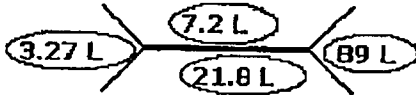
140	106	20	314 H
3.6	25	1.0	

11/23/14 1106:

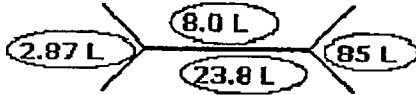
Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/24/14
 Acct#: G00557360179



11/23/14 0315:



11/22/14 2100:



Coagulation:

	11/24 0330
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.7
INR	1.03
PTT (21.9 - 31.4 SECONDS)	28.9

Microbiology:

- 11/23 1025 URINE: Urine Culture - RES
- 11/23 1015 BLOOD: Anaerobic Blood Culture - RECD
- 11/23 1015 BLOOD: Aerobic Blood Culture - RECD
- 11/23 1005 BLOOD: Anaerobic Blood Culture - RECD
- 11/23 1005 BLOOD: Aerobic Blood Culture - RECD
- 11/23 0335 BLOOD: Anaerobic Blood Culture - RECD
- 11/23 0335 BLOOD: Aerobic Blood Culture - RECD
- 11/23 0330 BLOOD: Anaerobic Blood Culture - RECD
- 11/23 0330 BLOOD: Aerobic Blood Culture - RECD
- 11/22 1450 BRON WASH: Fungal Culture - RES
- 11/22 1450 BRON WASH: Fungal Smear - RES
- 11/22 1450 BRONCH LAV: Fungal Culture - RES
- 11/22 1450 BRONCH LAV: Fungal Smear - RES
- 11/22 1450 BRON WASH: Bronchial Washings Culture - COMP

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

BACILLUS SPECIES NOT ANTHRACIS
11/22 1450 BRON WASH: Gram Stain - COMP
11/22 1450 BRONCH LAV: Bronchoalveolar Lavage Culture - COMP
11/22 1450 BRONCH LAV: Gram Stain - COMP
11/22 1445 BRO. BRUSH: Bronchial Brush Culture - COMP
11/22 1445 BRO. BRUSH: Gram Stain - COMP
11/22 0900 ABDOMINAL: Wound Culture - RES
STAPH SPECIES NOT AUREUS
11/22 0900 ABDOMINAL: Gram Stain - RES
11/22 0900 URINE: Urine Culture - COMP
11/21 1815 BLOOD: Anaerobic Blood Culture - RES
11/21 1815 BLOOD: Aerobic Blood Culture - RES
11/21 1810 URINE: Urine Culture - COMP

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

cont sulfamylon nystatin soaks
change daily
no surg needed for facial fx currently
OR Wednesday

pt seen with Dr Mullins 99232x2

Electronically Signed by Lack PAC, Kevin C. on 11/24/14 at 1809
Electronically Signed by Mullins MD, Robert Fred on 11/25/14 at 0806

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

RPT #: 1124-0534
END OF REPORT

Page 5 of 5

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Clinical Note
REPORT#:1124-0521 REPORT STATUS: Draft
DATE:11/24/14 TIME: 1751

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
Fred

UNIT #: G000808204
ROOM/BED: G.BU10-1
ATTEND: Mullins MD, Robert

ADM DT: 11/21/14
Buchanan MD

AUTHOR: Enter, Alison Jill

Rep SRV DT: 11/24/14

REP SRV TM: 1751

* ALL edits or amendments must be made on the electronic/computer document *

Clinical Note

Note:

consult recieved to place trach. Will plan to place tomorrow.

RPT #: 1124-0521

END OF REPORT

Page 1 of 1

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1124-0299 REPORT STATUS: Signed
 DATE:11/24/14 TIME: 1312

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/24/14

REP SRV TM: 1312

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

Yes: complaints, agitated.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
FI02	50	11/24 1245
Pulse Ox	99	11/24 1232
Pulse	78	11/24 1232
Resp	24	11/24 1232
Temp	37.3	11/24 1200
O2 Delivery Ventilator		11/24 0730
O2 Flow Rate	60	11/24 0730
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/24 0000	11/23 1200
Intake Total	3110	2175
Output Total	3710	1300
Balance	-600	875
Intake, IV	713	635
Intake, Oral		180
Intake, Other	200	
Intake, Packed Cells	337	
Intake, TPN/PPN	1140	1140
Intake, Tube Feeding	720	220
Output,	80	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/24/14
 Acct#: G00557360179

Estimated Blood Loss		
Output, Gastric Drainage	650	100
Output, Urine	2980	1200

Temperature maximum: 37.3
 Post-op: day 2
 Status post:
 HD 4
 Antibiotics: day 4, Teflaro/Cipro

Physical Exam

General appearance: intubated, sedated
 Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
 ENT: moist mucosal membranes
 Neck: decreased range of motion
 Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
 Respiratory: decreased breath sounds, rales, rhonchi
 Abdomen: soft, non-tender, normal bowel sounds
 Genitourinary: foley
 Extremities: decreased range of motion
 Musculoskeletal decreased ROM
 Neuro/CNS: altered mental status
 Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Glasgow eyes:	no eye opening	1
Glasgow speech:	confused	4
Glasgow motor:	localizes pain	5
Total		10

Skin: dry, abnormal color

Results

Findings/Data:
 Laboratory Tests

	11/24	11/24	11/23
	0330	0330	1437

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

Blood Gas			
Patient Temperature (C)	37.4	37.4	37.8
pH (7.35 - 7.45)		7.42	7.39
pCO2 (35 - 45 mmHg)		43	46 H
pO2 (75 - 100 mmHg)		119 H	216 H
Bicarbonate Actual (22 - 26 mMol/L)		26	26
Total CO2 (26 - 28 mMol/L)		28	29 H
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)		99 H	99 H
ABG Base Excess (-2.0 - 2.0 mMol/L)		2.2 H	2.1 H
Mixed VBG pH (7.35 - 7.45/7.59)	7.38		
Mixed VBG pCO2 (NONE ESTAB mmHg)	50		
Mixed VBG pO2 (NONE ESTAB mmHg)	47		
Mixed VBG HCO3 (NONE ESTAB mMol/L)	27		
Mixed VBG Total CO2 (NONE ESTAB mMol/L)	31		
Mixed VBG Base Excess (NONE ESTAB mMol/L)	3.5		
Mixed VBG O2 Saturation (NONE ESTAB %)	80		
FiO2 (%)	60.0	60.0	75.0

Laboratory Tests

	11/24 1251	11/24 0354	11/24 0330	11/24 0330	11/23 2257
Chemistry					
Sodium (136 - 145 MMOL/L)				142	
Potassium (3.5 - 5.1 MMOL/L)				3.7	
Chloride (99 - 109 MMOL/L)				107	
Carbon Dioxide (21 - 32 MMOL/L)				27	
Anion Gap (9 - 18 MMOL/L)				12	
BUN (7 - 21 MG/DL)				22 H	
Creatinine (0.5 - 1.4 MG/DL)				0.8	
Est GFR (African Amer) (> 60)				> 60	
Est GFR (Non-Af Amer) (> 60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)				27.5 H	
Glucose (70 - 110 MG/DL)				294 H	
POC Glucose (70 - 110 MG/DL)	293 H	330 H			265 H
Lactic Acid (0.4 - 2.0 MMOL/L)			1.1		
Ionized Calcium (1.13 - 1.32 mMol/L)				1.17	
Phosphorus (2.3 - 4.5 MG/DL)				2.8	
Magnesium (1.5 - 2.4 MG/DL)				2.1	
Total Bilirubin (0.20 - 1.00 MG/DL)				1.10 H	
AST (15 - 37 UNITS/L)				13 L	
Alkaline Phosphatase (50 - 136 UNITS/L)				69	
Creatine Kinase (39 - 308 UNITS/L)				98	

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

	11/23 2230	11/23 2230	11/23 1753
Chemistry			
Sodium (136 - 145 MMOL/L)		140	
Potassium (3.5 - 5.1 MMOL/L)		3.6	
Chloride (99 - 109 MMOL/L)		106	
Carbon Dioxide (21 - 32 MMOL/L)		25	
Anion Gap (9 - 18 MMOL/L)		13	
BUN (7 - 21 MG/DL)		20	
Creatinine (0.5 - 1.4 MG/DL)		1.0	
Est GFR (African Amer) (> 60)		> 60	
Est GFR (Non-Af Amer) (> 60)		> 60	
BUN/Creatinine Ratio (11.0 - 18.0)		20.0 H	
Glucose (70 - 110 MG/DL)		314 H	
POC Glucose (70 - 110 MG/DL)			253 H
Calcium (8.5 - 10.5 MG/DL)		8.6	
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.15		
Phosphorus (2.3 - 4.5 MG/DL)		2.8	
Magnesium (1.5 - 2.4 MG/DL)		2.0	
Total Bilirubin (0.20 - 1.00 MG/DL)		1.20 H	
AST (15 - 37 UNITS/L)		15	
ALT (12 - 78 UNITS/L)		21	
Alkaline Phosphatase (50 - 136 UNITS/L)		59	
Total Protein (6.4 - 8.2 GM/DL)		5.8 L	
Albumin (3.4 - 5.0 GM/DL)		3.0 L	
Globulin (1.5 - 3.8 GM/DL)		2.8	
Albumin/Globulin Ratio (1.0 - 2.2)		1.1	

Laboratory Tests

	11/24 0330
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.7
INR	1.03
PTT (21.9 - 31.4 SECONDS)	28.9
Fibrinogen (200 - 400 MG/DL)	553 H
D-Dimer (0.19 - 0.52 mg/L FEU)	2.10 H

Laboratory Tests

	11/24 0330

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/24/14
 Acct#: G00557360179

Hematology	
WBC (4.0 - 11.0 THOUS/uL)	4.67
RBC (4.30 - 5.80 MIL/uL)	2.66 L
Hgb (13.0 - 17.3 GM/DL)	8.5 L
Hct (38.0 - 52.0 %)	24.5 L
MCV (80.0 - 98.0 FL)	92.1
MCH (27.0 - 34.0 PG)	32.0
MCHC (31.5 - 36.5 G/DL)	34.7
Plt Count (140 - 400 THOUS/uL)	118 L
Band Neutrophils % (0 - 5 %)	20.0 H
Segmented Neutrophils (40 - 65)	67.3 H
Lymphocytes (20 - 40)	10.9 L
Monocytes (2 - 8)	1.8 L
Toxic Granulation	SLIGHT
Polychromasia	SLIGHT
Hypochromasia	SLIGHT
Poikilocytosis	SLIGHT
Anisocytosis	MODERATE
Microcytosis	NORMAL
Macrocytosis	NORMAL

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: D5W

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Last Status Admin

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

Folic Acid	5 MG	QDAY@1800	11/24 1800	CKD
Thiamine HCl	200 MG	IV	11/25 1759	
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			
Phytonadione	20 MG			
Zinc Sulfate	25 MG			
Insulin Human Regular	30 UNITS			
Dextrose/Water	1,500 ML			
Amino Acids	750 ML			
Furosemide	40 MG	NOW ONE	11/24 1314	UNV
		IV	11/24 1315	
Dexmedetomidine HCl	600 MCG	ASDIR	11/24 1304	UNV
Sodium Chloride	144 ML	IV		
Insulin Human Regular	100 UNITS	ASDIR	11/24 1259	UNV
Sodium Chloride	99 ML	IV		
Piperacillin Sod/ Tazobactam Sod	4.5 GM	Q8H	11/24 1257	UNV
Sodium Chloride	100 ML	IV		
Dextrose	15 GM	PRN PRN	11/23 2245	CKD
Dextrose/Water	See Dose Insts (1)	PO	11/23 2245	AC
		PRN PRN		
		IV		
Glucagon	1 MG	PRN PRN	11/23 2245	AC
		IM		
Methadone HCl	5 MG	Q8HR	11/23 2200	DC
		IV		
Lidocaine HCl	1 APPLIC	PRN PRN	11/23 2146	AC
		TOPICAL		
Alprazolam	1 MG	BID =	11/23 2100	AC
		PER TUBE		11/24 0848
Folic Acid	5 MG	QDAY@1800	11/23 1800	DC
Thiamine HCl	200 MG	IV	11/24 1759	11/23 1828
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			
Phytonadione	20 MG			
Zinc Sulfate	25 MG			
Insulin Human Regular	10 UNITS			
Dextrose/Water	1,500 ML			
Amino Acids	750 ML			
Multivitamins	1 BAG	ONCE ONE	11/23 1645	DC
		IV	11/23 1646	
Methadone HCl	5 MG	Q8HR	11/23 1438	AC
				11/24

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
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		IV		0500
Furosemide	40 MG	ASDIR IV	11/23 1420 11/23 2359	DC 11/23 1649
Methylprednisolone	110 MG	Q24H IV	11/23 0030	AC 11/24 0034
Sodium Succinate	250 ML			
Sodium Chloride	1 APPLIC	DAILY PRN PRN	11/22 2206	AC 11/23
Chlorhexidine		SWISH SPIT		1217
Gluconate	40 MG	DAILY@2200	11/22 2200	DA
Enoxaparin Sodium		SUBQ		
Magnesium Hydroxide	60 ML	QPM PER TUBE	11/22 2100	AC 11/23 2153
Mafenide Acetate	1 APPLIC	ASDIR	11/22 1906	CKD 11/24
Sterile Water	1,000 ML	TOPICAL		0501
Folic Acid	5 MG	QDAY@1800	11/22 1800	DC 11/22
Thiamine HCl	200 MG	IV	11/23 1759	1818
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			
Phytonadione	20 MG			
Zinc Sulfate	25 MG			
Dextrose/Water	1,500 ML			
Amino Acids	750 ML			
Insulin Human Regular	0	Q6HR IV	11/22 1200	AC 11/24 1245
Ergocalciferol	50,000 INTL. UNITS	Q30D PER TUBE	11/22 1030	AC
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC 11/24 0848
Polyethylene Glycol	1 PKT	BID = PER TUBE	11/22 1030	AC 11/24 0847
Tobramycin/ Dexamethasone	See Dose Insts (2)	Q12 EACH EYE	11/22 1030	AC 11/24 0850
Sodium Chloride	250 ML	PRN PRN IV	11/22 0311	AC 11/24 0035
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC
Chlorhexidine	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD 11/23 2331
Gluconate				
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD 11/22 1205

Patient: LONG, GYLES
 Unit#: G000808204
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Ciprofloxacin/ Dextrose Pantoprazole	200 ML 80 MG	Q12H IV DAILY IV	11/21 2000 11/21 2000	DCr AC	11/24 0847 11/24 0848
Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/24 0826
Ceftaroline Fosamil Sodium Chloride Albumin Human	600 MG 100 ML 500 ML	Q12H IV ASDIR IV	11/21 1700 11/21 1449	DCr CKD	11/24 0405 11/23 0215
Norepinephrine Bitartrate Dextrose/Water	16 MG 234 ML	ASDIR IV	11/21 1445	AC	
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/24 0405
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC	
Fentanyl Citrate	See Dose Insts (3)	Q10M PRN PRN IV	11/21 1443	AC	11/24 1246
Fentanyl Citrate	100 ML	ASDIR IV	11/21 1443	DC	11/23 0754
Flumazenil	See Dose Insts (4)	PRN PRN IV	11/21 1443	AC	
Midazolam HCl	See Dose Insts (5)	Q15M PRN PRN IV	11/21 1443	AC	11/22 0130
Midazolam HCl	See Dose Insts (6)	Q15M PRN PRN IV	11/21 1443	AC	11/24 1245
Midazolam HCl	100 ML	ASDIR IV	11/21 1443	DC	11/23 0214
Naloxone HCl	See Dose Insts (7)	PRN PRN IV	11/21 1443	AC	
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD	
Rocuronium Bromide	50 MG	Q1H PRN PRN IV	11/21 1443	AC	
Vecuronium Bromide	10 MG	Q1P PRN IV	11/21 1443	DC	11/22 1426

Dose Instructions:

(1)Dextrose/Water:

25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING

(2)Tobramycin/Dexamethasone:

Patient: LONG, GYLES
Unit#:G000808204
Date: 11/24/14
Acct#:G00557360179

APPLY TO EA EYE

- (3)Fentanyl Citrate:
50-100 MCG
- (4)Flumazenil:
AS DIRECTED
0.1 MG/ML
- (5)Midazolam HCl:
2-5 MG
- (6)Midazolam HCl:
2-5 MG
- (7)Naloxone HCl:
AS DIRECTED
CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate OR 11/22 for intial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues.

Burns-25-30 % POD 1 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID:Leukocytosis,leukopenia, suspect wound infection, highly contaminated on arrival with dirt in debris in wound. Remains on Teflaro/Cipro. Tissue cx with serratia/bacillus NA. Will descelate to Zosyn alone.

GI:Inability to feed. GI consulted for PEG/J- will begin feeds post op begin at trophic rate, tolerating so far, increase to 50ml/h (Impact)Remains on ppi for stress ulcer vits for free radical scavenging. Abdomen more distended today, KUB pending. Lipase elevated, repeat pending. Continue cathartics. POD 4 ex-lap at Palmetto Richland, no internal injuries noted.

GU:Hypertonicity improved with D5W in vits, bun/cr stable, urine output 50-70ml/h. Rhabdomyolysis improving. Will offer additional diuresis d/t pulmonary concerns.

CV:Trop, mildly elevated, likely cardiac contusion, echo stable EF/no effusion. No significant

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/24/14
Acct#: G00557360179

cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stunned myocardium, has been off pressors since admission with no new issues.

Pulm: Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose SoluMedrol infusion for ARDS (Miduri). Continue aggressive pulmonary hygiene efforts with nebs. No significant focal infiltrate at this time. Remains at high risk for pulmonary leak due to contusion. Pulmonary pressures high on Echo consistent with pulmonary contusion will diuresis today. Monitor for fluid overload closely, additional diuresis today. Adjust mode to SIMV-16 50% follow ABG today.

Heme: Mild coagulopathy, no significant bleeding at this time, hgb 8.8 today. No indications for tx today.

DVT: Remains on LMWH, foot pump. No new lower extremity edema, will obtain doppler screen next week.

Pain/Sedation: Remains on methadone/xanax. Agitation problematic offer Precedex infusion. Follow, avoid paralytics, allow for SBE to evaluate for extubation with next surgery Wednesday.

END: glucose intolerance poorly controlled at present complicated by critical illness. DM hx. add insulin glargine. TSH stable to maintain euthyroid state to assist with wound healing.

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ drainage both ears suspect rupture TMJ highly contaminated. Will have ENT to eval. Place on ciprofloxacin empiric.

Lines: CL (5) / AL (2), no evidence of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 44min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly M on 11/24/14 at 1325
Electronically Signed by Shaver MD, Joseph R on 11/26/14 at 1642

RPT #: 1124-0299
END OF REPORT

RUN DATE: 11/26/14
RUN TIME: 0202
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF Pathology Specimen Report

PAGE 1

PATIENT: LONG, GYLES ACCT #: G00557360179 LOC: G.BURN U #: G000808204
AGE/SX: 55/M ROOM: G.BU10 REG: 11/21/14
REG DR: Mullins MD, Robert Fred STATUS: ADM IN BED: 1 DIS:

Specimen: C14-000805 Received: 11/24/14-1253 Status: SOUT Req#: 05420890
Spec Type: BRONCHIAL Subm Dr: Shaver MD, Joseph R

FINAL DIAGNOSIS:

RIGHT MIDDLE LOBE, BRONCHOALVEOLAR LAVAGE, CYTOSPIN:
NUMEROUS ERYTHROCYTES WITH MANY PULMONARY MACROPHAGES AND A FEW NEUTROPHILS.
NO MALIGNANT CELLS ARE IDENTIFIED.

CPT: 88108

Dictated by: RICHARDSON, DEBORAH K

Signed <Signature on File>

RICHARDSON, DEBORAH K 11/25/14 1621

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 11/26/14
RUN TIME: 0202
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF Pathology Specimen Report

PAGE 1

PATIENT: LONG, GYLES	ACCT #: G00557360179	LOC: G.BURN	U #: G000808204
REG DR: Mullins MD, Robert Fred	AGE/SX: 55/M	ROOM: G.BU10	REG: 11/21/14
	STATUS: ADM IN	BED: 1	DIS:

Specimen: S14-006205 Received: 11/24/14-1110 Status: SOUT Req#: 05420746
Spec Type: TISSUE Subm Dr: Mullins MD, Robert Fred

OPERATION:

EXCISION SITE PREP BILATERAL ARMS, BILATERAL LEGS, CHEST WITH CADAVER VS PORCINE

PREOP DIAGNOSIS:

EXPLOSION FROM DYNAMITE FACE, STOMACH, CHEST, THIGH

SPECIMEN(S) AND LOCATION:

EXCISED SKIN/TISSUE

FINAL DIAGNOSIS:

SKIN AND SOFT TISSUE:

HEMORRHAGE, EPIDERMAL DENUDATION, AND FRAGMENTS OF FOREIGN MATERIAL.

CPT: 88304

Dictated by: RICHARDSON, DEBORAH K

GROSS DESCRIPTION:

The container is labeled "Long, Gyles - excised skin/tissue." The specimen consists of three pieces of scarred skin and underlying tissue, together measuring 23 x 16 x 4 cm. Cut surface reveals some red to black areas of tissue seen beneath the skin surface. Representative sections are submitted. (2/pg)

MICROSCOPIC:

Microscopic examination is performed. (DKR/dab)

Dictated by: RICHARDSON, DEBORAH K

Signed <Signature on File>

RICHARDSON, DEBORAH K 11/25/14 1623

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 11/26/14
RUN TIME: 0202
RUN USER: LABBKJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF Pathology Specimen Report

PAGE 1

PATIENT: LONG, GYLES	ACCT #: G00557360179	LOC: G.BURN	U #: G000808204
	AGE/SX: 55/M	ROOM: G.BU10	REG: 11/21/14
REG DR: Mullins MD, Robert Fred	STATUS: ADM IN	BED: 1	DIS:

Specimen: S14-006221 Received: 11/24/14-1300 Status: SOUT Req#: 05420899
Spec Type: CELL BLOCK Subm Dr: Shaver MD, Joseph R

OPERATION:

BRONCHOALVEOLAR LAVAGE

PREOP DIAGNOSIS:

HEMOPTYSIS

SPECIMEN(S) AND LOCATION:

The specimen consists of a cell block made from BRONCHOALVEOLAR LAVAGE

FINAL DIAGNOSIS:

RIGHT MIDDLE LOBE, BRONCHOALVEOLAR LAVAGE, CELL BLOCK:
HEMORRHAGE.

NO MALIGNANT CELLS IDENTIFIED.

A GMS STAIN SHOWS NO FUNGI.

CPT: 88305, 88312

Dictated by: RICHARDSON, DEBORAH K

GROSS DESCRIPTION:

The specimen consists of a cell block made from 5 mL of bloody fluid. (1/ng)

MICROSCOPIC:

Sections of the cell block of the lavage show numerous erythrocytes mixed with mucus and pigmented pulmonary macrophages. There are occasional bronchial epithelial cells and a few neutrophils. No malignant cells are identified. A GMS control stains appropriately. (DKR/dab)

Dictated by: RICHARDSON, DEBORAH K

Signed <Signature on File>

RICHARDSON, DEBORAH K 11/25/14 1625

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: CONTU

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674625 CT CHEST W/O CONTR
001674626 CT ABD PEL W/O CONT
<Continued>

Interest/reason for exam:: CPT CODE:
71250
74176

Prior ORIF right hip with intramedullary rod and a nail extending into the femur head. Bony pelvis intact. No displaced rib fractures. Thoracolumbar alignment satisfactory.

Impression:

1. Bilateral pulmonary infiltrates and/or edema, with the perihilar consolidations less dense and more ground-glass, the lower lobe consolidations dense and similar previous.
2. Interval burn surgery with scattered staples along the anterior abdominal wall, where defects are identified on the skin and subcutaneous fat. Body wall edema.
3. Gastrostomy with jejunal feeding tube. Foley catheter. Right femoral artery catheter and a left-sided central line.
4. High density in the gallbladder that might be sludge, small stones, hemorrhage or old excreted contrast.
5. Small amount of perisplenic, right pericolic gutter and patchy pelvic fluid, possible ascites.

** Electronically Signed by FORREST WALKER MD on 11/24/2014 at 1642 **
Reported and signed by: FORREST WALKER, MD

CC:

PRINTED BY: IEQ8372 DATE 8/3/2015
DATE: 11/24/2014 (1642) BY: DR. WALFO
PAGE 2 Signe-218-port

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/25/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/25/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001674771 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia

Single view of the chest is obtained compared to multiple prior exams. The tracheal catheter overlies the mid trachea. A left-sided central venous catheters unchanged in position. Cardiac silhouette is enlarged atheromatous changes aorta. The bilateral airspace edema and/or pneumonia persist but has improved. No large pleural effusion. No pneumothorax.

Conclusion

1. Persistent but improved bilateral airspace edema and/or edema

** Electronically Signed by HAROLD BRADFORD JONES MD **
** on 11/25/2014 at 0904 **
Reported and signed by: HAROLD BRADFORD JONES, MD

CC:

DATE 11/25/2014 (0904) BY DR JONES
PRINTED BY: 169372 DATE 11/25/2014
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1125-0408 REPORT STATUS: Signed
 DATE: 11/25/14 TIME: 1536

PATIENT: LONG, GYLES UNIT #: G000808204
 ACCOUNT#: G00557360179 ROOM/BED: G.BU10-1
 AGE: 55 SEX: M ATTEND: Mullins MD, Robert
 Fred
 ADM DT: 11/21/14 AUTHOR: Hammond PAC, Dena
 Rep SRV DT: 11/25/14 REP SRV TM: 1536
 * ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3
 Status post: cadaver graft, porcine graft

Subjective

Patient reports:
 No: able to communicate.
 Nursing reports:
 No: complaints.

Objective

VS/I&O:
 Last Documented:

	Result	Date Time
Pulse Ox	100	11/25 1505
FiO2	50	11/25 1505
Pulse	88	11/25 1505
Resp	12	11/25 1505
Temp	38.4	11/25 1400
O2 Delivery Ventilator		11/25 0800
O2 Flow Rate	50	11/25 0800
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/25 0000	11/24 1200
Intake Total	2668.0	2753
Output Total	2370	2750
Balance	298.0	3
Intake, IV	653.0	413
Intake, Oral		300
Intake, Oral Supplement		300
Intake, TPN/PPN	1045	1140

Patient: LONG, GYLES
 Unit#:G000808204
 Date: 11/25/14
 Acct#:G00557360179

Intake, Tube Feeding	450	600
Intake, Tube Irrigant	520	
Output, Gastric Drainage	500	700
Output, Urine	1870	2050

General appearance: sedated, no acute distress

Head: atraumatic, normocephalic

Respiratory: Trach/vent

Abdomen: no distention, no guarding

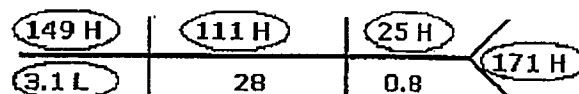
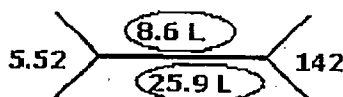
Skin: cadaver to upper torso and right arm pocine to lower legs-int CAD noted No hematoma/seroma/shear/loss noted No overall s/sx of infection.

Results

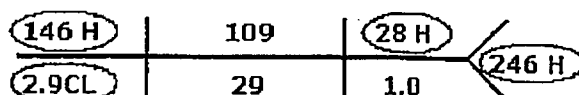
Findings/Data:

Laboratory Tests

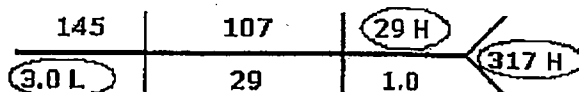
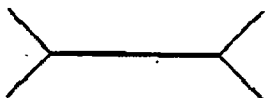
11/25/14 0550:



11/24/14 2317:

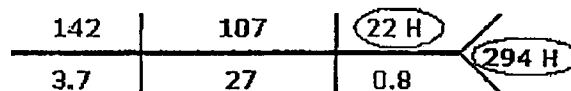
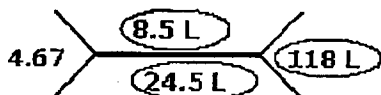


11/24/14 1700:

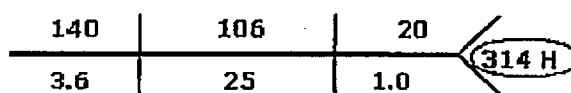
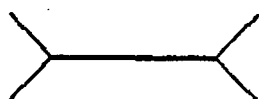


Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/25/14
 Acct#: G00557360179

11/24/14 0330:



11/23/14 2230:



Coagulation:

	11/25 0550
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.8
INR	1.04
PTT (21.9 - 31.4 SECONDS)	25.4

Microbiology:

11/23 1025 URINE: Urine Culture - COMP
 11/23 1015 BLOOD: Anaerobic Blood Culture - RES
 11/23 1015 BLOOD: Aerobic Blood Culture - RES
 11/23 1005 BLOOD: Anaerobic Blood Culture - RES
 11/23 1005 BLOOD: Aerobic Blood Culture - RES
 11/23 0335 BLOOD: Anaerobic Blood Culture - RES
 11/23 0335 BLOOD: Aerobic Blood Culture - RES
 11/23 0330 BLOOD: Anaerobic Blood Culture - RES
 11/23 0330 BLOOD: Aerobic Blood Culture - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Diagnosis, Assessment & Plan

Assessment/Plan:

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

cont sulfamylon nystatin soaks
no surg needed for facial fx currently
OR in am

pt seen with Dr Hassan 99232x2

Electronically Signed by Hammond PAC, Dena on 11/25/14 at 1539
Electronically Signed by Hassan MD, SM Abu Zaheed on 11/26/14 at 0810

RPT #: 1125-0408
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#: 1125-0300 REPORT STATUS: Signed
 DATE: 11/25/14 TIME: 1247

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/25/14

REP SRV TM: 1247

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

No: complaints.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	11/25 1000
Temp	37.8	11/25 1000
Pulse	94	11/25 1000
Resp	16	11/25 1000
FiO2	50	11/25 0835
O2 Delivery Ventilator		11/25 0800
O2 Flow Rate	50	11/25 0800
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/25 0000	11/24 1200
Intake Total	2668.0	2753
Output Total	2370	2750
Balance	298.0	3
Intake, IV	653.0	413
Intake, Oral		300
Intake, Oral Supplement		300
Intake, TPN/PPN	1045	1140
Intake, Tube Feeding	450	600
Intake, Tube Irrigant	520	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/25/14
 Acct#: G00557360179

Output, Gastric Drainage	500	700
Output, Urine	1870	2050

Post-op: post surgery rounds
Status post:
 tracheostomy
Antibiotics: day 5, Teflaro/Cipro

Physical Exam

General appearance: altered mental status, intubated, sedated
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: altered mental status
Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/25 0550	11/24 1700	11/24 1314
Blood Gas			
Patient Temperature (C)	35.7	36.6	37.3
pH (7.35 - 7.45)	7.39	7.38	7.42
pCO2 (35 - 45 mmHg)	48 H	48 H	42
pO2 (75 - 100 mmHg)	124 H	103 H	85
Bicarbonate Actual (22 - 26 mMol/L)	27 H	26	26
Total CO2 (26 - 28 mMol/L)	30 H	29 H	27
ABC O2 Sat Calc/Meas (92.0 - 98.5 %)	99 H	98	96
ABC Base Excess (-2.0 - 2.0 mMol/L)	2.7 H	2.0	1.5
FiO2 (%)	50.0	50.0	50.0

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/25/14
 Acct#: G00557360179

Laboratory Tests

	11/25 1002	11/25 0904	11/25 0610	11/25 0550	11/25 0550
Chemistry					
Sodium (136 - 145 MMOL/L)					149 H
Potassium (3.5 - 5.1 MMOL/L)					3.1 L
Chloride (99 - 109 MMOL/L)					111 H
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					13
BUN (7 - 21 MG/DL)					25 H
Creatinine (0.5 - 1.4 MG/DL)					0.8
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					31.2 H
Glucose (70 - 110 MG/DL)					171 H
POC Glucose (70 - 110 MG/DL)	141 H	156 H	130 H		
Lactic Acid (0.4 - 2.0 MMOL/L)				0.8	
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.16
Phosphorus (2.3 - 4.5 MG/DL)					2.8
Magnesium (1.5 - 2.4 MG/DL)					2.0
Total Bilirubin (0.20 - 1.00 MG/DL)					0.70
AST (15 - 37 UNITS/L)					14 L
Creatine Kinase (39 - 308 UNITS/L)					31 L

	11/25 0503	11/25 0332	11/25 0224	11/25 0124	11/25 0022
Chemistry					
POC Glucose (70 - 110 MG/DL)	136 H	174 H	174 H	195 H	209 H

	11/24 2317	11/24 2244	11/24 2111	11/24 1930	11/24 1708
Chemistry					
Sodium (136 - 145 MMOL/L)	146 H				
Potassium (3.5 - 5.1 MMOL/L)	2.9 LL				
Chloride (99 - 109 MMOL/L)	109				
Carbon Dioxide (21 - 32 MMOL/L)	29				
Anion Gap (9 - 18 MMOL/L)	11				
BUN (7 - 21 MG/DL)	28 H				
Creatinine (0.5 - 1.4 MG/DL)	1.0				
Est GFR (African Amer) (> 60)	> 60				
Est GFR (Non-Af Amer) (> 60)	> 60				

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
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BUN/Creatinine Ratio (11.0 - 18.0)	28.0 H				
Glucose (70 - 110 MG/DL)	246 H				
POC Glucose (70 - 110 MG/DL)		241 H	210 H	225 H	270 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.17				

	11/24 1700	11/24 1642	11/24 1642	11/24 1642	11/24 1507
Chemistry					
Sodium (136 - 145 MMOL/L)	145				
Potassium (3.5 - 5.1 MMOL/L)	3.0 L				
Chloride (99 - 109 MMOL/L)	107				
Carbon Dioxide (21 - 32 MMOL/L)	29				
Anion Gap (9 - 18 MMOL/L)	12				
BUN (7 - 21 MG/DL)	29 H				
Creatinine (0.5 - 1.4 MG/DL)	1.0				
Est GFR (African Amer) (> 60)	> 60				
Est GFR (Non-Af Amer) (> 60)	> 60				
BUN/Creatinine Ratio (11.0 - 18.0)	29.0 H				
Glucose (70 - 110 MG/DL)	317 H				
POC Glucose (70 - 110 MG/DL)					269 H
Lactic Acid (0.4 - 2.0 MMOL/L)		1.6			
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14				
Creatine Kinase (39 - 308 UNITS/L)			58		58
CK-MB (CK-2) (0.0 - 3.6 NG/ML)			< 0.5		
CK-MB (CK-2) Rel Index (< 4.1)			TNP		
Troponin I (0.00 - 0.056 NG/ML)				< 0.017	

	11/24 1500	11/24 1500	11/24 1500	11/24 1500	11/24 1315
Chemistry					
Serum Osmolality (278 - 298 MOSM/KG)	313 H				
Lactic Acid (0.4 - 2.0 MMOL/L)		1.9			
AST (15 - 37 UNITS/L)				11 L	
ALT (12 - 78 UNITS/L)				23	
Lactate Dehydrogenase (85 - 227 UNITS/L)				181	
Creatine Kinase (39 - 308 UNITS/L)			57		
CK-MB (CK-2) (0.0 - 3.6 NG/ML)			< 0.5		
CK-MB (CK-2) Rel Index (< 4.1)			TNP		
Amylase (25 - 115 UNITS/L)				102	
Lipase (73 - 393 UNITS/L)					328

11/24

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/25/14
 Acct#: G00557360179

	1251
Chemistry	
POC Glucose (70 - 110 MG/DL)	293 H

Laboratory Tests

	11/25 0550
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.8
INR	1.04
PTT (21.9 - 31.4 SECONDS)	25.4
Fibrinogen (200 - 400 MG/DL)	437 H
D-Dimer (0.19 - 0.52 mg/L FEU)	2.15 H

Laboratory Tests

	11/25 0550
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	5.52
RBC (4.30 - 5.80 MIL/uL)	2.79 L
Hgb (13.0 - 17.3 GM/DL)	8.6 L
Hct (38.0 - 52.0 %)	25.9 L
MCV (80.0 - 98.0 FL)	92.8
MCH (27.0 - 34.0 PG)	30.8
MCHC (31.5 - 36.5 G/DL)	33.2
Plt Count (140 - 400 THOUS/uL)	142
Band Neutrophils % (0 - 5 %)	6.4 H
Segmented Neutrophils (40 - 65)	87.3 H
Lymphocytes (20 - 40)	3.6 L
Monocytes (2 - 8)	2.7
Polychromasia	SLIGHT
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	SLIGHT
Macrocytosis	NORMAL

Laboratory Tests

	11/24 1500
Urine	
Urine Osmolality (300 - 900 MOSM/KG)	412

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Urine Sodium (MMOL/L)

79

Radiology data

Recent Impressions:

DOPPLER - DPLX EXT LO VEIN BIL 11/24 1445

*** Report Impression - Status: SIGNED Entered: 11/25/2014 0705

Impression

No evidence of deep venous thrombosis in the lower extremity veins bilaterally.

Impression By: BURAN01 - ANTHONY P BURKE, DO

COMPUTERIZED TOMOGRAPHY - CT HEAD W/O CONTR 11/24 1555

*** Report Impression - Status: SIGNED Entered: 11/24/2014 1636

Impression:

1. No acute intracranial process.
2. Maxillofacial fracturing, paranasal sinus hemorrhage, similar previous.
3. Scalp and facial edema/soft tissue swelling.
4. Bilateral mastoid effusions. Fluid in the middle ear cavities.

Impression By: WALFO - FORREST WALKER, MD

COMPUTERIZED TOMOGRAPHY - CT ABD PEL W/O CONTR 11/24 1555

*** Report Impression - Status: SIGNED Entered: 11/24/2014 1647

Impression:

1. Bilateral pulmonary infiltrates and/or edema, with the perihilar consolidations less dense and more ground-glass, the lower lobe consolidations dense and similar previous.
2. Interval burn surgery with scattered staples along the anterior abdominal wall, where defects are identified on the skin and subcutaneous fat. Body wall edema.
3. Gastrostomy with jejunal feeding tube. Foley catheter. Right femoral artery catheter and a left-sided central line.
4. High density in the gallbladder that might be sludge, small stones, hemorrhage or old excreted contrast.
5. Small amount of perisplenic, right pericolic gutter and patchy pelvic fluid, possible ascites.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Impression By: WALFO - FORREST WALKER, MD
COMPUTERIZED TOMOGRAPHY - CT CHEST W/O CONTR 11/24 1555
*** Report Impression - Status: SIGNED Entered: 11/24/2014 1647

Impression:

1. Bilateral pulmonary infiltrates and/or edema, with the perihilar consolidations less dense and more ground-glass, the lower lobe consolidations dense and similar previous.
2. Interval burn surgery with scattered staples along the anterior abdominal wall, where defects are identified on the skin and subcutaneous fat. Body wall edema.
3. Gastrostomy with jejunal feeding tube. Foley catheter. Right femoral artery catheter and a left-sided central line.
4. High density in the gallbladder that might be sludge, small stones, hemorrhage or old excreted contrast.
5. Small amount of perisplenic, right pericolic gutter and patchy pelvic fluid, possible ascites.

Impression By: WALFO - FORREST WALKER, MD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control, SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: D5W

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

	Sig/Sch	Start time	Last

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Medication	Dose	Route	Stop Time	Status Admin
Rocuronium Bromide	50 MG	.STK-MED ONE IV	11/25 1145 11/25 1146	DC
Non-Formulary Medication	See Dose Insts (1)	BID = BOTH EARS	11/25 0900	AC 11/25
Potassium Chloride	100 ML	0730 IV	11/25 0730 11/25 1159	DC 11/25 0823 0821
Potassium Chloride Sodium Chloride	30 MEQ 100 ML	Q2H IV	11/25 0030 11/25 0429	DC 11/25 0327
Metoclopramide HCl	10 MG	Q6H IV	11/25 0000	AC 11/25 1126
Ciprofloxacin/ Dexamethasone	4 DROP	BID = EACH EAR	11/24 2100	CAN
Methadone HCl	10 MG	BID = IV	11/24 2100	AC 11/25 0822
Furosemide	40 MG	2000 IV	11/24 2000 11/24 2359	DC 11/24 2115
Potassium Chloride	100 ML	ASDIR IV	11/24 1843 11/24 2359	DC 11/24 1851
Alprazolam	1 MG	Q4 PER TUBE	11/24 1800	AC 11/25 1126
Folic Acid Thiamine HCl Multivitamins Sodium Ascorbate Phytonadione Zinc Sulfate Dextrose/Water Amino Acids Multivitamins	5 MG 200 MG 10 ML 5,000 MG 20 MG 25 MG 1,500 ML 750 ML 1 BAG	QDAY@1800 IV	11/24 1800 11/25 1759	CKD 11/24 1753
Dexmedetomidine HCl Sodium Chloride	600 MCG 144 ML	ASDIR IV	11/24 1400	AC 11/25 1126
Insulin Human Regular Sodium Chloride Furosemide	100 UNITS 99 ML 40 MG	ASDIR IV	11/24 1400 1330 11/24 1330 11/24 1700	CKD 11/25 0633 DC 11/24 1356
Piperacillin Sod/ Tazobactam Sod Sodium Chloride	4.5 GM 100 ML	Q8H IV	11/24 1330	CKD 11/25 0544
Dextrose	15 GM	PRN PRN PO	11/23 2245	CKD

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Dextrose/Water	See Dose	PRN PRN	11/23 2245	AC	
Glucagon	Insts (2) 1 MG	IV PRN PRN IM	11/23 2245	AC	
Lidocaine HCl	1 APPLIC	PRN PRN TOPICAL	11/23 2146	AC	
Alprazolam	1 MG	BID =	11/23 2100	DC	11/24
Folic Acid	5 MG	PER TUBE			0848
Thiamine HCl	200 MG	QDAY@1800	11/23 1800	DC	11/23
Multivitamins	10 ML	IV	11/24 1759		1828
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Insulin Human Regular	10 UNITS				
Dextrose/Water	1,500 ML				
Amino Acids	750 ML				
Methadone HCl	5 MG	Q8HR IV	11/23 1438	DC	11/24 1357
Methylprednisolone	110 MG	Q24H	11/23 0030	AC	11/25
Sodium Succinate		IV			0129
Sodium Chloride	250 ML				
Chlorhexidine Gluconate	1 APPLIC	DAILY PRN PRN SWISH SPIT	11/22 2206	AC	11/23 1217
Enoxaparin Sodium	40 MG	DAILY@2200	11/22 2200	DA	
Magnesium Hydroxide	60 ML	SUBQ QPM PER TUBE	11/22 2100	AC	11/24 2116
Mafenide Acetate	1 APPLIC	ASDIR	11/22 1906	CKD	11/25
Sterile Water	1,000 ML	TOPICAL			0852
Insulin Human Regular	0	Q6HR IV	11/22 1200	DC	11/24 1245
Ergocalciferol	50,000 INTL.UNITS	Q30D PER TUBE	11/22 1030	AC	
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC	11/24 2116
Polyethylene Glycol	1 PKT	BID =	11/22 1030	AC	11/24
Tobramycin/ Dexamethasone	See Dose Insts (3)	PER TUBE Q12 EACH EYE	11/22 1030	AC	11/25 0825
Sodium Chloride	250 ML	PRN PRN IV	11/22 0311	AC	11/25 0136

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Sterile Water	1,000 ML	ASDIR PRN	11/22 0311	AC	11/24
Bacitracin/Polymyxin B Sulfate	1 APPLIC	MISC TIDP PRN TOPICAL	11/22 0310	AC	1855 11/25 0854
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	11/23 2331
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/22 1205
Ciprofloxacin/ Dextrose	200 ML	Q12H IV	11/21 2000	DC	11/24 0847
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/25 0821
Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/25 0836
Ceftaroline Fosamil Sodium Chloride	600 MG 100 ML	Q12H IV	11/21 1700	DC	11/24 0405
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD	11/23 0215
Norepinephrine Bitartrate Dextrose/Water	16 MG 234 ML	ASDIR IV	11/21 1445	AC	
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/24 2338
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC	
Fentanyl Citrate	See Dose Insts (4)	Q10M PRN PRN IV	11/21 1443	AC	11/25 0828
Flumazenil	See Dose Insts (5)	PRN PRN IV	11/21 1443	AC	
Midazolam HCl	See Dose Insts (6)	Q15M PRN PRN IV	11/21 1443	AC	11/22 0130
Midazolam HCl	See Dose Insts (7)	Q15M PRN PRN IV	11/21 1443	AC	11/25 0829
Naloxone HCl	See Dose Insts (8)	PRN PRN IV	11/21 1443	AC	
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD	
Rocuronium Bromide	50 MG	Q1H PRN PRN IV	11/21 1443	AC	11/25 0457

Dose Instructions:
(1)Non-Formulary Medication:

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

CIPRODEX OTIC SUSP
DOSE = 4 GTTS EACH EAR
PLEASE FILL IN LABEL COMMENTS

- (2) Dexlrose/Water:
25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING
- (3) Tobramycin/Dexamethasone:
APPLY TO EA EYE
- (4) Fentanyl Citrate:
50-100 MCG
- (5) Flumazenil:
AS DIRECTED
0.1 MG/ML
- (6) Midazolam HCl:
2-5 MG
- (7) Midazolam HCl:
2-5 MG
- (8) Naloxone HCl:
AS DIRECTED
CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperiteneum, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate OR 11/22 for intial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Trach completed this am, tolerated well.

Burns-25-30 % POD 2 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID: Leukocytosis, leukopenia, suspect wound infection, highly contaminated on arrival with dirt in debris in wound. Remains on Zosyn. Tissue cx with serratia/bacillus NA. Complex nasal/max-facial fx. Inner ear fluid. Continue with broad spectrum coverage/ciprodex to ears.

GI: Inability to feed. GI consulted for PEG/J- will begin feeds post op begin at trophic rate,

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

tolerating so far, increase to 20ml/h (Impact) Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites. Suspect ileus. NO BM reported. Reglan added.

GU: Hypertonicity improved with D5W in vits, bun/cr stable, urine output adequate. Rhabdomyolysis improving. No further diuresis today.

CV: Trop, mildly elevated, likely cardiac contusion, echo stable EF/no effusion. No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stunned myocardium, has been off pressors since admission with no new issues.

Pulm: Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose Solumedrol infusion for ARDS (Miduri). Continue aggressive pulmonary hygiene efforts with nebs. No significant focal infiltrate at this time. Remains at high risk for pulmonary leak d/t contusion. Pulmonary pressures high on Echo c/w pulmonary contusion. Monitor for fluid overload closely. Will adjust RR-14-SIMV- f/u abg. Some minimal improvement in xray today. Tolerated tracheostomy placement today. Appreciate Dr. Buchannon on this.

Heme: Mild coagulopathy, no significant bleeding at this time, hgb 8.8 today. No indications for tx today.

DVT: Remains on LMWH, foot pump. No new lower extremity edema, doppel 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue premedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast. Did not tolerate anything in the way of weaning narcotics yesterday.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ drainage both ears suspect rupture TM/ highly contaminated. Appreciate Dr. Whitehouse following on this, ciprofloxacin added.

Lines: CL (6)/ AL (3), no evidence of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 54min critical care time spent with this patient.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/25/14
Acct#: G00557360179

Electronically Signed by Linticum NP, Kimberly m on 11/25/14 at 1255
Electronically Signed by Shaver MD, Joseph R on 11/26/14 at 1626

RPT #: 1125-0300
END OF REPORT

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DIAGNOSTIC IMAGING

DOCTORS HOSPITAL
PHONE #: 706-651-6501

3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/26/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/26/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675134 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory failure

Portable chest 11/26/2014 at 05:10 hours

Comparison is made to previous study from 11/25/2014 demonstrating no change in the position of the central venous catheter, interval exchange of the orotracheal tube for a tracheostomy tube. Persistent cardiomegaly with uncoiling of the aorta with increase in the central pulmonary vasculature.

Impression:

1. Successful exchange of the orotracheal tube for a tracheostomy tube.
2. Progression of the fluid overload

** Electronically Signed by JOSE A. BAUZA MD on 11/26/2014 at 0725 **
Reported and signed by: JOSE A. BAUZA, MD

CC:

DATE 11/30/2014 (0725) BY DR BAUZA
PRINTED BY: 1129372 DATE 07/31/2015
PAGE 1 Signed Report

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/26/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/26/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: illeu

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675135 ABD/KUB PORT

Interest/reason for exam:: CPT CODE:
74000

HISTORY:
Ileus

Portable chest 11/26/2014 500 hours

Comparison is made to previous study from November 24 demonstrating no evidence of bowel obstruction. Multiple skin. Staples for skin grafting are noted. No change in the position of the tubes.

Impression:
1. Stable abdomen

** Electronically Signed by JOSE A. BAUZA MD on 11/26/2014 at 0724 **
Reported and signed by: JOSE A. BAUZA, MD

CC:

PRINTED BY: 11/26/2014 (0724) BY: DR. BAUZA
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1126-0363 REPORT STATUS: Signed
 DATE:11/26/14 TIME: 1419

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/26/14

REP SRV TM: 1419

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:
 No: complaints.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Resp	17	11/26 1313
Pulse Ox	100	11/26 1300
Temp	37.9	11/26 1300
Pulse	94	11/26 1300
FiO2	50	11/26 1139
O2 Delivery	Ventilator	11/26 0800
O2 Flow Rate	50	11/25 1953
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/26 0000	11/25 1200
Intake Total	2491	1898
Output Total	1490	2220
Balance	1001	-322
Intake, IV	821	1798
Intake, Other	370	
Intake, TPN/PPN	1140	
Intake, Tube Feeding	160	100
Number Bowel Movements	0	
Output,	400	500

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/26/14
 Acct#: G00557360179

Gastric Drainage Output, Urine	1090	1720
Patient Weight	110 kg	

Temperature maximum: 100.2

Post-op: day 1

Status post:

tracheostomy

Antibiotics: day 6, Zosyn

Physical Exam

General appearance: altered mental status, intubated

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal: decreased ROM

Neuro/CNS: altered mental status

Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Glasgow eyes:	no eye opening	1
Glasgow speech:	no verbal response	1
Glasgow motor:	localizes pain	5
Total		7

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/26 0300	11/26 0300	11/25 1511
Blood Gas			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

Patient Temperature (C)	36.8	36.8	38.3
pH (7.35 - 7.45)		7.45	7.43
pCO2 (35 - 45 mmHg)		39	44
pO2 (75 - 100 mmHg)		172 H	197 H
Bicarbonate Actual (22 - 26 mMol/L)		27 H	28 H
Total CO2 (26 - 28 mMol/L)		28	29 H
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)		99 H	100 H
ABG Base Excess (-2.0 - 2.0 mMol/L)		2.4 H	3.6 H
Mixed VBG pH (7.35 - 7.45/7.59)	7.42		
Mixed VBG pCO2 (NONE ESTAB mmHg)	45		
Mixed VBG pO2 (NONE ESTAB mmHg)	48		
Mixed VBG HCO3 (NONE ESTAB mMol/L)	27		
Mixed VBG Total CO2 (NONE ESTAB mMol/L)	30		
Mixed VBG Base Excess (NONE ESTAB mMol/L)	3.1		
Mixed VBG O2 Saturation (NONE ESTAB %)	82		
FiO2 (%)	50.0	50.0	50.0

Laboratory Tests

	11/26 1259	11/26 1208	11/26 1126	11/26 1021	11/26 1021
Chemistry					
POC Glucose (70 - 110 MG/DL)	190 H	206 H	183 H		210 H
Iron (60 - 170 MCG/DL)				34 L	
TIBC (260 - 400 MCG/DL)				200 L	
Iron Saturation (20 - 55 % (CALC))				17 L	
Unsaturated IBC (141 - 366 MCG/DL)				166	
Ferritin (22 - 322 NG/ML)				457 H	
Carcinoembryonic Ag (NG/ML)				2.4	
Prostate Specific Ag (<4.0 NG/ML)				0.31	
TSH (0.44 - 4.47)				0.57	
Free T4 (0.89 - 1.76 NG/DL)				1.09	
Free T3 (230 - 420 PG/DL)				313	

	11/26 0910	11/26 0811	11/26 0657	11/26 0601	11/26 0506
Chemistry					
Glucose (70 - 110 MG/DL)	168 H				
POC Glucose (70 - 110 MG/DL)	148 H	157 H	155 H	158 H	

	11/26 0358	11/26 0303	11/26 0300	11/26 0300	11/26 0156
Chemistry					

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/26/14
 Acct#: G00557360179

Sodium (136 - 145 MMOL/L)			149 H	
Potassium (3.5 - 5.1 MMOL/L)			2.9 LL	
Chloride (99 - 109 MMOL/L)			112 H	
Carbon Dioxide (21 - 32 MMOL/L)			25	
Anion Gap (9 - 18 MMOL/L)			15	
BUN (7 - 21 MG/DL)			26 H	
Creatinine (0.5 - 1.4 MG/DL)			0.8	
Est GFR (African Amer) (> 60)			> 60	
Est GFR (Non-Af Amer) (> 60)			> 60	
BUN/Creatinine Ratio (11.0 - 18.0)			32.5 H	
Glucose (70 - 110 MG/DL)			185 H	
POC Glucose (70 - 110 MG/DL)	156 H	177 H		180 H
Lactic Acid (0.4 - 2.0 MMOL/L)			1.3	
Ionized Calcium (1.13 - 1.32 mMOL/L)			1.14	
Phosphorus (2.3 - 4.5 MG/DL)			2.7	
Magnesium (1.5 - 2.4 MG/DL)			2.2	
Total Bilirubin (0.20 - 1.00 MG/DL)			0.80	
AST (15 - 37 UNITS/L)			33	
Creatine Kinase (39 - 308 UNITS/L)			45	

	11/26	11/26	11/25	11/25	11/25
	0113	0014	2304	2153	2054
Chemistry					
POC Glucose (70 - 110 MG/DL)	211 H	208 H	248 H	216 H	247 H

	11/25	11/25
	1947	1513
Chemistry		
POC Glucose (70 - 110 MG/DL)	199 H	137 H

Laboratory Tests

	11/26
	0300
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.4 H
INR	1.09
PTT (21.9 - 31.4 SECONDS)	25.0
Fibrinogen (200 - 400 MG/DL)	437 H
D-Dimer (0.19 - 0.52 mg/L FEU)	2.56 H

Laboratory Tests

	11/26

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/26/14
 Acct#: G00557360179

	0300
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	5.71
RBC (4.30 - 5.80 MIL/uL)	2.88 L
Hgb (13.0 - 17.3 GM/DL)	8.9 L
Hct (38.0 - 52.0 %)	27.0 L
MCV (80.0 - 98.0 FL)	93.8
MCH (27.0 - 34.0 PG)	30.9
MCHC (31.5 - 36.5 G/DL)	33.0
Plt Count (140 - 400 THOUS/uL)	178
Band Neutrophils % (0 - 5 %)	2.7
Segmented Neutrophils (40 - 65)	81.8 H
Lymphocytes (20 - 40)	9.1 L
Monocytes (2 - 8)	6.4
Polychromasia	MODERATE
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	NORMAL

Laboratory Tests

	11/26
	1021
Immunology	
IgE (0 - 158)	10

Radiology data

Recent Impressions:

RADIOLOGY - CHEST AP PORT 11/26 0505

*** Report Impression - Status: SIGNED Entered: 11/26/2014 0729

Impression:

1. Successful exchange of the orotracheal tube for a tracheostomy tube.
2. Progression of the fluid overload

Impression By: BAUJO - JOSE A. BAUZA, MD

RADIOLOGY - ABD/KUB PORT 11/26 0510

*** Report Impression - Status: SIGNED Entered: 11/26/2014 0728

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/26/14
 Acct#: G00557360179

Impression:
 1. Stable abdomen

Impression By: BAUJO - JOSE A. BAUZA, MD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control, SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: D5W

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Last Status Admin
Folic Acid	5 MG	QDAY@1800	11/26 1800	CKD
Thiamine HCl	200 MG	IV	11/27 1759	
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			
Phytonadione	20 MG			
Zinc Sulfate	25 MG			
Dextrose/Water	2,000 ML			
Amino Acids	750 ML			
Multivitamins	1 BAG	1800	11/26 1800	AC
		IV	11/26 2359	
Chlorhexidine Gluconate	0	.STK-MED ONE TOPICAL	11/26 1317	DC
Epinephrine	0	.STK-MED ONE .ROUTE	11/26 1317	DC

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

Thrombin	0	.STK-MED ONE	11/26 1317	DC	
Piperacillin Sod/ Tazobactam Sod Sodium Chloride Potassium Chloride	4.5 GM 100 ML 100 ML	TOPICAL Q6 IV	11/26 1200	CKD	11/26 1214
Potassium Chloride	50 ML	IV	0730 11/26 0730 11/26 1330	DC	11/26 0705
Lactulose	20 GM	BID = PER TUBE	11/25 2100	AC	11/25 2016
Folic Acid Thiamine HCl Multivitamins Sodium Ascorbate Phytonadione Zinc Sulfate Dextrose/Water Amino Acids	5 MG 200 MG 10 ML 5,000 MG 20 MG 25 MG 1,750 ML 750 ML	QDAY@1800 IV	11/25 1800 11/26 1759	DC	11/25 1940
Multivitamins	1 BAG	IV	1800 11/25 1800 11/25 2359	DC	
Amantadine HCl	200 MG	BID PO	11/25 1700	AC	11/25 1802
Magnesium Citrate	150 ML	PER TUBE	1500 11/25 1500 11/25 2100	DC	11/25 1604
Ofloxacin	See Dose Insts (1)	BID = EACH EAR	11/25 1230	DC	
Non-Formulary Medication Metoclopramide HCl	See Dose Insts (2) 10 MG	BID = BOTH EARS Q6H IV	11/25 0900 11/25 0000	AC AC	11/26 0836 11/26 1214
Ciprofloxacin/ Dexamethasone	4 DROP	BID = EACH EAR	11/24 2100	CAN	
Methadone HCl	10 MG	BID = IV	11/24 2100	AC	11/26 0835
Alprazolam	1 MG	Q4 PER TUBE	11/24 1800	AC	11/26 0526
Dexmedetomidine HCl Sodium Chloride	600 MCG 144 ML	ASDIR IV	11/24 1400	AC	11/26 0813
Insulin Human Regular Sodium Chloride Piperacillin Sod/	100 UNITS 99 ML 4.5 GM	ASDIR IV Q8H	11/24 1400 11/24 1330	CKD DC	11/26 1008 11/26

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

Tazobactam Sod Sodium Chloride Dextrose	100 ML 15 GM	IV PRN PRN PO	11/23 2245	CKD	0525
Dextrose/Water	See Dose Insts (3)	PRN PRN IV	11/23 2245	AC	
Glucagon	1 MG	PRN PRN IM	11/23 2245	AC	
Lidocaine HCl	1 APPLIC	PRN PRN TOPICAL	11/23 2146	AC	
Methylprednisolone Sodium Succinate Sodium Chloride	110 MG 250 ML	Q24H IV	11/23 0030	AC	11/26 0018
Chlorhexidine Gluconate	1 APPLIC	DAILY PRN PRN SWISH SPIT	11/22 2206	AC	11/23 1217
Enoxaparin Sodium	40 MG	DAILY@2200 SUBQ	11/22 2200	DA	
Magnesium Hydroxide	60 ML	QPM PER TUBE	11/22 2100	AC	11/25 2016
Mafenide Acetate Sterile Water	1 APPLIC 1,000 ML	ASDIR TOPICAL	11/22 1906	CKD	11/25 2200
Ergocalciferol	50,000 INTL. UNITS	Q30D PER TUBE	11/22 1030	AC	
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC	11/25 2018
Polyethylene Glycol	1 PKT	BID= PER TUBE	11/22 1030	AC	11/25 2024
Tobramycin/ Dexamethasone Sodium Chloride	See Dose Insts (4) 250 ML	Q12 EACH EYE PRN PRN IV	11/22 1030 11/22 0311	AC AC	11/26 0703 11/26 0030
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC	11/25 1711
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC	11/26 0029
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	11/25 1712
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/22 1205
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/26 0834
Albuterol/Ipratropium	3 ML	RTQ6H	11/21 1700	AC	11/26

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

		NEB		0822
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD 11/23 0215
Norepinephrine Bitartrate	16 MG	ASDIR IV	11/21 1445	AC
Dextrose/Water	234 ML			
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC 11/24 2338
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC
Fentanyl Citrate	See Dose Insts (5)	Q10M PRN PRN IV	11/21 1443	AC 11/26 1213
Flumazenil	See Dose Insts (6)	PRN PRN IV	11/21 1443	AC
Midazolam HCl	See Dose Insts (7)	Q15M PRN PRN IV	11/21 1443	AC 11/22 0130
Midazolam HCl	See Dose Insts (8)	Q15M PRN PRN IV	11/21 1443	AC 11/26 1213
Naloxone HCl	See Dose Insts (9)	PRN PRN IV	11/21 1443	AC
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD
Rocuronium Bromide	50 MG	Q1H PRN PRN IV	11/21 1443	DC 11/25 0457

Dose Instructions:

- (1) Ofloxacin:
10 GTTS
EA EYE
- (2) Non-Formulary Medication:
CIPRODEX OTIC SUSP
DOSE = 4 GTTS EACH EAR
PLEASE FILL IN LABEL COMMENTS
- (3) Dextrose/Water:
25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING
- (4) Tobramycin/Dexamethasone:
APPLY TO EA EYE
- (5) Fentanyl Citrate:
50-100 MCG
- (6) Flumazenil:
AS DIRECTED
0.1 MG/ML

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

- (7) Midazolam HCl:
2-5 MG
(8) Midazolam HCl:
2-5 MG
(9) Naloxone HCl:
AS DIRECTED
CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperiteneum, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate OR 11/22 for intial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Trach completed 11/25, additional OR today.

Burns-25-30 % POD 3 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID: Leukocytosis, leukopenia, suspect wound infection, highly contaminated on arrival with dirt in debris in wound. Remains on Zosyn. Tissue cx with serratia/bacillus NA. Complex nasal/max-facial fx. Inner ear fluid. Continue with broad spectrum coverage/ciprodex to ears.

GI: Inability to feed. GI consulted for PEG/J- will begin feeds post op begin at trophic rate, tolerating so far, increase to 20ml/h (Impact) Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites. Suspect ileus. NO BM reported. Reglan added still no BM. Adding neostigmine gtt.

GU: Hypertonicity improved with D5W in vits, bun/cr stable; urine output adequate. Rhabdomyolysis improving. No further diuresis today.

CV: Trop, mildly elevated, likely cardiac contusion, echo stable EF/no effusion. No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stun myocardium, has been off pressors since admission with no new issues.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/26/14
Acct#: G00557360179

Pulm: Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose Solumedrol infusion for ARDS (Miduri). Significant improvement in CXR over last 24hrs. Continue aggr pulmonary hygiene efforts with nebs. No significant focal infiltrate at this time. Remains at high risk for pulmonary leak d/l contusion. Pulmonary pressures high on Echo c/w pulmonary contusion. Weaning efforts on vent ongoing. MV-rate adjusted 8. Will follow post op status.

Heme: Mild coagulopathy, no significant bleeding at this time, stable, no indications for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast. Did not tolerate anything in the way of weaning narcotics yesterday.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ drainage both ears inner ear effusions on CT highly contaminated on arrival. Appreciate Dr. Whitehouse following on this, cirpodex added.

Lines: CL (7)/ AL (4), no evid of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 54min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly m on 11/26/14 at 1439
Electronically Signed by Shaver MD, Joseph R on 11/26/14 at 1622

RPT #: 1126-0363
END OF REPORT

RUN DATE: 12/02/14
RUN TIME: 0200
RUN USER: LABBKJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF Pathology Specimen Report

PAGE 1

PATIENT: LONG, GYLES	ACCT #: G00557360179	LOC: G.BURN	U #: G000808204
	AGE/SX: 55/M	ROOM: G.BU10	REG: 11/21/14
REG DR: Mullins, Robert F MD	STATUS: ADM IN	BED: 1	DIS:

Specimen: S14-006284 Received: 11/26/14-1628 Status: SOUT Req#: 05423357
Spec Type: TISSUE Subm Dr: Mullins, Robert F MD

OPERATION:

EXC SITE PREP CADAVER BILATERAL ARMS, ABDOMEN, AND BILATERAL LEGS

PREOP DIAGNOSIS:

15% TBSA THERMAL/EXPLOSION INJURY

SPECIMEN(S) AND LOCATION:

EXCISED SKIN

FINAL DIAGNOSIS:

SKIN AND SUBCUTANEOUS TISSUE, BILATERAL ARMS, ABDOMEN, AND BILATERAL LEGS, EXCISION:
SKIN AND SUBCUTANEOUS TISSUE WITH EXTENSIVE SUPERFICIAL COAGULATIVE NECROSIS
CONSISTENT WITH BURN INJURY.

CPT: 86304

Dictated by: ADAMS DO, STEPHEN D

GROSS DESCRIPTION:

The container is labeled "Long, Gyles - excised skin." The specimen consists of
scarred skin and fatty tissue, measuring 20 x 20 x 6 cm. (1/pg)

MICROSCOPIC:

Performed.

Dictated by: ADAMS DO, STEPHEN D

Signed <Signature on File>

ADAMS DO, STEPHEN D 12/01/14 1407

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/27/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/27/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675371 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory failure

AP chest

There is a left-sided central line in place and a tracheostomy tube noted. There is perihilar discoid atelectatic change noted. There is no change compared to 11/26/2014.

Impression: No one day interval change.

** Electronically Signed by JAMES DAVIS MD on 11/27/2014 at 0911 **
Reported and signed by: JAMES DAVIS, MD

CC:

PRINTED BY: 11/30/2014 (0911) BY: JAMES DAVIS
PAGE 1 Signed Report

-----251-----

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1127-0183 REPORT STATUS: Signed
 DATE: 11/27/14 TIME: 1055

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Craft Coffman

PAC, Beretta

Rep SRV DT: 11/27/14

REP SRV TM: 1055

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1

Status post: cadaver graft

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	11/27 0900
Temp	37.1	11/27 0900
Pulse	94	11/27 0900
FiO2	50	11/27 0843
Resp	18	11/27 0843
O2 Delivery Ventilator		11/27 0730
O2 Flow Rate	50	11/27 0730
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/27 0000	11/26 1200
Intake Total	1958	2534
Output Total	1750	1430
Balance	208	1104
Intake, IV	515	734
Intake, Other	175	300
Intake, Packed Cells	268	
Intake, TPN/PPN	840	1260
Intake, Tube Feeding	160	240
Output, Gastric Drainage	650	25
Output, Urine	1100	1405

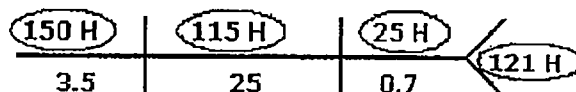
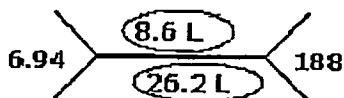
Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

General appearance: intubated, sedated
Head: atraumatic, normocephalic
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: cadaver to upper torso, right arm and lower legs-int CAD noted No
 hematoma/seroma/shear/loss noted No overall s/sx of infection. no purulence noted

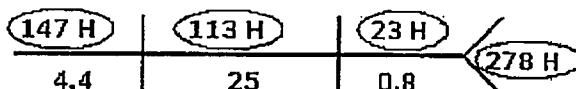
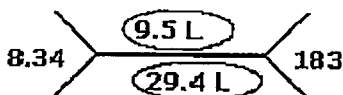
Results

Findings/Data:
 Laboratory Tests

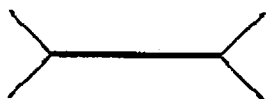
11/27/14 0300:



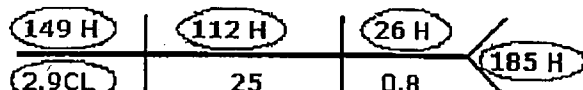
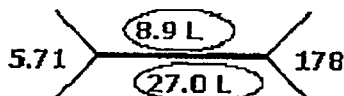
11/26/14 1720:



11/26/14 0910:



11/26/14 0300:



Coagulation:

	11/27	11/26

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/27/14
Acct#: G00557360179

	0300	1720
Coagulation		
PT (9.3 - 11.3 SECONDS)	11.8 H	12.2 H
INR	1.13	1.16
PTT (21.9 - 31.4 SECONDS)	24.4	27.1

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

cont sulfamylon nystatin soaks but decrease the nystatin to 15 grams

no surg needed for facial fx currently

Monitor closely

pt seen with Dr Hassan 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 11/27/14 at 1059

Electronically Signed by Mullins MD, Robert Fred on 12/01/14 at 0732

RPT #: 1127-0183

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1127-0094 REPORT STATUS: Signed
 DATE:11/27/14 TIME: 0853

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD,Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/27/14

REP SRV TM: 0853

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:
 No: complaints.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse O ₂	100	11/27 0843
FiO ₂	50	11/27 0843
Pulse	88	11/27 0843
Resp	18	11/27 0843
Temp	37.1	11/27 0600
O ₂ Delivery Ventilator		11/26 2000
O ₂ Flow Rate	50	11/26 2000
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/27 0000	11/26 1200
Intake Total	1958	2534
Output Total	1750	1430
Balance	208	1104
Intake, IV	515	734
Intake, Other	175	300
Intake, Packed Cells	268	
Intake, TPN/PPN	840	1260
Intake, Tube Feeding	160	240
Output, Gastric	650	25

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

Drainage		
Output, Urine	1100	1405

Temperature maximum: 37.7
 Post-op: day 1
 Status post:
 excision/temp grafting
 Antibiotics: day 6, day 7, Zosyn

Physical Exam

General appearance: sedated
 Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
 ENT: moist mucosal membranes
 Neck: decreased range of motion, tracheostomy
 Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
 Respiratory: decreased breath sounds, rales, rhonchi
 Abdomen: soft, non-tender, normal bowel sounds
 Genitourinary: foley
 Extremities: decreased range of motion
 Musculoskeletal decreased ROM
 Neuro/CNS: altered mental status
 Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/27 0300	11/26 2208	11/26 1720
Blood Gas			
Patient Temperature (C)	36.7	37.8	35.8
pH (7.35 - 7.45)	7.45	7.40	7.26 L
pCO2 (35 - 45 mmHg)	38	41	54 H
pO2 (75 - 100 mmHg)	216 H	154 H	306 H
Bicarbonate Actual (22 - 26 mEq/L)	26	25	22
Total CO2 (26 - 28 mEq/L)	27	26	26
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)	100 H	99 H	99 H
ABG Base Excess (-2.0 - 2.0 mEq/L)	1.5	0.2	-3.5 L
FiO2 (%)	50.0	50.0	100.0

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

Laboratory Tests

	11/27	11/27	11/27	11/27	11/27
	0657	0609	0502	0402	0305
Chemistry					
POC Glucose (70 - 110 MG/DL)	188 H	166 H	191 H	144 H	117 H

	11/27	11/27	11/27	11/27	11/27
	0300	0300	0201	0102	0003
Chemistry					
Sodium (136 - 145 MMOL/L)		150 H			
Potassium (3.5 - 5.1 MMOL/L)		3.5			
Chloride (99 - 109 MMOL/L)		115 H			
Carbon Dioxide (21 - 32 MMOL/L)		25			
Anion Gap (9 - 18 MMOL/L)		14			
BUN (7 - 21 MG/DL)		25 H			
Creatinine (0.5 - 1.4 MG/DL)		0.7			
Est GFR (African Amer) (> 60)		> 60			
Est GFR (Non-Af Amer) (> 60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)		35.7 H			
Glucose (70 - 110 MG/DL)		121 H			
POC Glucose (70 - 110 MG/DL)			148 H	141 H	166 H
Lactic Acid (0.4 - 2.0 MMOL/L)	1.0				
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.15			
Phosphorus (2.3 - 4.5 MG/DL)		3.1			
Magnesium (1.5 - 2.4 MG/DL)		2.3			
Total Bilirubin (0.20 - 1.00 MG/DL)		1.10 H			
AST (15 - 37 UNITS/L)		78 H			
Alkaline Phosphatase (50 - 136 UNITS/L)		62			
Creatine Kinase (39 - 308 UNITS/L)		69			
Troponin I (0.00 - 0.056 NG/ML)		< 0.017			

	11/26	11/26	11/26	11/26	11/26
	2307	2159	2105	2000	1822
Chemistry					
POC Glucose (70 - 110 MG/DL)	178 H	237 H	226 H	266 H	269 H

	11/26	11/26	11/26	11/26	11/26
	1722	1720	1720	1440	1259
Chemistry					
Sodium (136 - 145 MMOL/L)			147 H		
Potassium (3.5 - 5.1 MMOL/L)			4.4		
Chloride (99 - 109 MMOL/L)			113 H		

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

Carbon Dioxide (21 - 32 MMOL/L)		25		
Anion Gap (9 - 18 MMOL/L)		13		
BUN (7 - 21 MG/DL)		23 H		
Creatinine (0.5 - 1.4 MG/DL)		0.8		
Est GFR (African Amer) (>60)		> 60		
Est GFR (Non-Af Amer) (>60)		> 60		
BUN/Creatinine Ratio (11.0 - 18.0)		28.8 H		
Glucose (70 - 110 MG/DL)		278 H		
POC Glucose (70 - 110 MG/DL)	240 H		227 H	190 H
Lactic Acid (0.4 - 2.0 MMOL/L)		0.8		
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.05 L		

	11/26 1208	11/26 1126	11/26 1021	11/26 1021	11/26 0910
Chemistry					
Glucose (70 - 110 MG/DL)					168 H
POC Glucose (70 - 110 MG/DL)	206 H	183 H		210 H	
Iron (60 - 170 MCG/DL)			34 L		
TIBC (260 - 400 MCG/DL)			200 L		
Iron Saturation (20 - 55 % (CALC))			17 L		
Unsaturated IBC (141 - 366 MCG/DL)			166		
Ferritin (22 - 322 NG/ML)			457 H		
Carcinoembryonic Ag (NG/ML)			2.4		
Prostate Specific Ag (<4.0 NG/ML)			0.31		
TSH (0.44 - 4.47)			0.57		
Free T4 (0.89 - 1.76 NG/DL)			1.09		
Free T3 (230 - 420 PG/DL)			313		

Laboratory Tests

	11/27 0300	11/26 1720
Coagulation		
PT (9.3 - 11.3 SECONDS)	11.8 H	12.2 H
INR	1.13	1.16
PTT (21.9 - 31.4 SECONDS)	24.4	27.1
Fibrinogen (200 - 400 MG/DL)	349	321
D-Dimer (0.19 - 0.52 mg/L FEU)	3.60 H	3.64 H

Laboratory Tests

	11/27 0300	11/26 1720
Hematology		

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

WBC (4.0 - 11.0 THOUS/uL)	6.94	8.34
RBC (4.30 - 5.80 MIL/uL)	2.77 L	3.05 L
Hgb (13.0 - 17.3 GM/DL)	8.6 L	9.5 L
Hct (38.0 - 52.0 %)	26.2 L	29.4 L
MCV (80.0 - 98.0 FL)	94.6	96.4
MCH (27.0 - 34.0 PG)	31.0	31.1
MCHC (31.5 - 36.5 G/DL)	32.8	32.3
Plt Count (140 - 400 THOUS/uL)	188	183
Band Neutrophils % (0 - 5 %)	5.0	2.6
Segmented Neutrophils (40 - 65)	78.2 H	79.1 H
Lymphocytes (20 - 40)	10.9 L	13.9 L
Monocytes (2 - 8)	5.0	4.3
Metamyelocytes (0 - 0)	1.0 H	
Nucleated RBCs (0 - 0)	1.0 H	0.9 H
Polychromasia	MARKED	SLIGHT
Hypochromasia	NORMAL	NORMAL
Poikilocytosis	NORMAL	NORMAL
Anisocytosis	SLIGHT	SLIGHT
Microcytosis	NORMAL	NORMAL
Macrocytosis	NORMAL	NORMAL
Spherocytes		FEW

Laboratory Tests

	11/26 1021
Immunology	
IgG (700 - 1600 mg/dL)	502 L
IgA (70 - 400 mg/dL)	148.0
IgE (0 - 158)	10

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: assist control, SIMV

Lines: arterial, CVC

Drains/tube:

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

Drains/tube: urinary catheter, OGT
 Tube feeding: Yes (Impact at 20ml/h)
 TPN: Yes
 IV fluids: D5W
 Ulcer prophylaxis: pantoprazole
 Other:
 Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Folic Acid	5 MG	QDAY@1800	11/27 1800	CKD	
Thiamine HCl	200 MG	IV	11/28 1759		
Multivitamins	10 ML				
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	2,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG	1800	11/27 1800	AC	
		IV	11/27 2359		
Potassium Chloride	50 ML	0452	11/27 0452	DC	11/27
		IV	11/27 0700		0455
Calcium Gluconate	100 ML	1830	11/26 1830	DC	11/26
		IV	11/26 2100		1836
Folic Acid	5 MG	QDAY@1800	11/26 1800	DC	11/26
Thiamine HCl	200 MG	IV	11/27 1759		1747
Multivitamins	10 ML				
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	2,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG	1800	11/26 1800	DC	
		IV	11/26 2359		
Fentanyl Citrate	500 MCG	.STK-MED ONE	11/26 1536	DC	
		IV	11/26 1537		
Midazolam HCl	5 MG	.STK-MED ONE	11/26 1536	DC	
		IV	11/26 1537		
Albumin Human	500 ML	.STK-MED ONE	11/26 1532	DC	
		IV			
Neostigmine	5 MG	ASDIR	11/26 1448	CKD	11/27
Methylsulfate		IV			0526
Sodium Chloride	45 ML				

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/27/14
Acct#: G00557360179

Chlorhexidine Gluconate Epinephrine	0 0	.STK-MED ONE 11/26 1317 TOPICAL .STK-MED ONE 11/26 1317 .ROUTE	DC DC	
Thrombin	0	.STK-MED ONE 11/26 1317 TOPICAL	DC	
Piperacillin Sod/ Tazobactam Sod Sodium Chloride	4.5 GM 100 ML	Q6 11/26 1200 IV	CKD 11/27 0506	
Potassium Chloride	100 ML	0730 11/26 0730 IV 11/26 1330	DC 11/26 0705	
Potassium Chloride	50 ML	0630 11/26 0630 IV 11/26 1230	DC 11/26 0614	
Lactulose	20 GM	BID= 11/25 2100 PER TUBE	AC 11/27 0839	
Folic Acid Thiamine HCl Multivitamins Sodium Ascorbate Phytonadione Zinc Sulfate Dextrose/Water Amino Acids Amantadine HCl	5 MG 200 MG 10 ML 5,000 MG 20 MG 25 MG 1,750 ML 750 ML 200 MG	QDAY@1800 11/25 1800 IV 11/26 1759 BID 11/25 1700 PO	DC 11/25 1940 AC 11/26 1745	
Non-Formulary Medication	See Dose Insts (1)	BID= 11/25 0900 BOTH EARS	AC 11/27 0840	
Metoclopramide HCl	10 MG	Q6H 11/25 0000 IV	AC 11/27 0506	
Methadone HCl	10 MG	BID= 11/24 2100 IV	AC 11/27 0839	
Alprazolam	1 MG	Q4 11/24 1800 PER TUBE	AC 11/27 0505	
Dexmedetomidine HCl Sodium Chloride	600 MCG 144 ML	ASDIR 11/24 1400 IV	AC 11/26 2357	
Insulin Human Regular Sodium Chloride	100 UNITS 99 ML	ASDIR 11/24 1400 IV	CKD 11/27 0040	
Dextrose	15 GM	PRN PRN PO	11/23 2245	CKD
Dextrose/Water	See Dose Insts (2)	PRN PRN IV	11/23 2245	AC
Glucagon	1 MG	PRN PRN 11/23 2245	AC	

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/27/14
Acct#: G00557360179

		IM			
Lidocaine HCl	1 APPLIC	PRN PRN TOPICAL	11/23 2146	AC	
Methylprednisolone	110 MG	Q24H	11/23 0030	AC	11/27
Sodium Succinate		IV			0040
Sodium Chloride	250 ML				
Chlorhexidine	1 APPLIC	DAILY PRN PRN	11/22 2206	AC	11/27
Gluconate		SWISH SPIT			0040
Enoxaparin Sodium	40 MG	DAILY@2200	11/22 2200	DA	
		SUBQ			
Magnesium Hydroxide	60 ML	QPM	11/22 2100	AC	11/26
		PER TUBE			2017
Maferide Acetate	1 APPLIC	ASDIR	11/22 1906	CKD	11/27
Sterile Water	1,000 ML	TOPICAL			0231
Ergocalciferol	50,000 INTL. UNITS	Q30D	11/22 1030	AC	
		PER TUBE			
Oxandrolone	10 MG	Q12HR	11/22 1030	AC	11/27
		PO			0840
Polyethylene Glycol	1 PKT	BID =	11/22 1030	AC	11/27
		PER TUBE			0840
Tobramycin/ Dexamethasone	See Dose Insts (3)	Q12	11/22 1030	AC	11/27
		EACH EYE			0840
Sodium Chloride	250 ML	PRN PRN	11/22 0311	AC	11/27
		IV			0047
Sterile Water	1,000 ML	ASDIR PRN	11/22 0311	AC	11/25
		MISC			1711
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN	11/22 0310	AC	11/26
		TOPICAL			0029
Chlorhexidine Gluconate	1 APPLIC	ASDIR	11/22 0310	CKD	11/25
		TOPICAL			1712
Sodium Hypochlorite	1 APPLIC	ASDIR	11/22 0309	CKD	11/22
		TOPICAL			1205
Pantoprazole	80 MG	DAILY	11/21 2000	AC	11/27
		IV			0839
Albuterol/Ipratropium	3 ML	RTQ6H	11/21 1700	AC	11/27
		NEB			0843
Albumin Human	500 ML	ASDIR	11/21 1449	CKD	11/23
		IV			0215
Norepinephrine Bitartrate	16 MG	ASDIR	11/21 1445	AC	
		IV			
Dextrose/Water	234 ML				
Diphenhydramine HCl	50 MG	Q6H PRN PRN	11/21 1443	AC	11/24

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/27/14
 Acct#: G00557360179

		IV		2338
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC
Fentanyl Citrate	See Dose Insts (4)	Q10M PRN PRN IV	11/21 1443	AC 11/27 0803
Flumazenil	See Dose Insts (5)	PRN PRN IV	11/21 1443	AC
Midazolam HCl	See Dose Insts (6)	Q15M PRN PRN IV	11/21 1443	AC 11/22 0130
Midazolam HCl	See Dose Insts (7)	Q15M PRN PRN IV	11/21 1443	AC 11/27 0804
Naloxone HCl	See Dose Insts (8)	PRN PRN IV	11/21 1443	AC
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD

Dose Instructions:

- (1) Non-Formulary Medication:
 CIPRODEX OTIC SUSP
 DOSE = 4 GTTS EACH EAR
 PLEASE FILL IN LABEL COMMENTS
- (2) Dextrose/Water:
 25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING
- (3) Tobramycin/Dexamethasone:
 APPLY TO EA EYE
- (4) Fentanyl Citrate:
 50-100 MCG
- (5) Flumazenil:
 AS DIRECTED
 0.1 MG/ML
- (6) Midazolam HCl:
 2-5 MG
- (7) Midazolam HCl:
 2-5 MG
- (8) Naloxone HCl:
 AS DIRECTED
 CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/27/14
Acct#: G00557360179

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury, remains on MV support in moderate OR 11/22 for intial excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Trach completed 11/25, POD 1 excision/grating.

Burns-25-30 % POD 1/4 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID:Leukocytosis, leukopenia, suspect wound infection, highly contaminated on arrival. Remains on Zosyn. Tissue cx with serratia/bacillus NA. Complex nasal/max-facial fx. Inner ear fluid. Continue with broad spectrum coverage/ciprodex to ears.

GI:Inability to feed. GI consulted for PEG/J- Impact at 20ml/h. Neostigmine gtt started, + stool on cathartics. Increse feeds to goal Impact 60ml/h. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites. .

GU:Hypertoncity with increase volume with D5W in vits, bun/cr stable, urine output adequate. Hold diuresis today. 1/4NS added for additional free water loss. Recheck lytes today.

CV: No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stun myocardium, has been off pressors since admission with no new issues.

Pulm:Acute respiratory failure, pulmonary contusion. Moderate ARDS, add low dose Solumedrol infusion for ARDS (Miduri). Significant improvement in CXR over last 72hrs. Continue agg pulmonary hygiene efforts with nebs. No significant focal infiltrate at this time. Remains at high risk for pulmonary leak d/t contusion. Pulmonary pressures high on Echo c/w pulmonary contusion. Weaning efforts on vent ongoing. MV-rate adjusted 10. ABC pending with vent changes. Slow but encouraging weaning efforts in process.

Heme:Mild coagulopathy, no significant bleeding at this time, stable, no indicaitons for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI,

Patient: LONG,GYLES
Unit#:G000808204
Date: 11/27/14
Acct#:G00557360179

secondary to blast.

END:glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT:Facial fx, non displaced, no surgical plans per plastics. + + drainage both ears inner ear effusions on CT highly contaminated on arrival, less malodorous remain on Ciprodex. Appreciate Dr. Whitehouse following.

Lines:CL (8)/ AL (5), no evid of infection. Monitor.

Disp:Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 44min critical care time spent with this patient.

Electronically Signed by Linticum NP,Kimberly m on 11/27/14 at 0907
Electronically Signed by Shaver MD,Joseph R on 11/27/14 at 1250

RPT #: 1127-0094
END OF REPORT

Page 11 of 11

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/28/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/28/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675472 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory distress

Single view of the chest is obtained compared to prior exam 11/27/2014. The tracheal catheter and left-sided central venous catheter unchanged in position. The cardiac silhouette is enlarged, but stable. The bilateral perihilar discoid atelectasis persist. No acute airspace consolidation or airspace edema. No large pleural effusion. No pneumothorax. Skin staples overlies the left abdomen and lower thorax.

Conclusion

1. Persistent bilateral perihilar discoid atelectasis

** Electronically Signed by HAROLD BRADFORD JONES MD **
** on 11/28/2014 at 0819 **

Reported and signed by: HAROLD BRADFORD JONES, MD

CC:

DATE 11/28/2014 (0819) BY DR JONES
PRINTED BY: 11/28/2014
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1128-0435 REPORT STATUS: Signed
 DATE: 11/28/14 TIME: 2024

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14
 PAC, Beretta

AUTHOR: Craft Coffman

Rep SRV DT: 11/28/14

REP SRV TM: 2024

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2
 Status post: cadaver graft

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	98	11/28 1800
Temp	37.7	11/28 1800
Pulse	98	11/28 1800
Resp	20	11/28 1800
FiO2	50	11/28 1547
O2 Delivery Ventilator		11/28 0700
O2 Flow Rate	50	11/28 0700
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/28 0000	11/27 1200
Intake Total	3832	2804
Output Total	2285	1155
Balance	1547	1649
Intake, IV	3022	842
Intake, Other	270	330
Intake, TPN/PPN		1392
Intake, Tube Feeding	540	240
Number Bowel Movements	1	
Output, Gastric Drainage	450	125

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/28/14
 Acct#: G00557360179

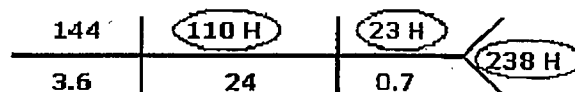
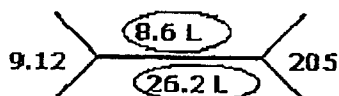
Output, Stool	40	
Output, Urine	1795	1030

General appearance: intubated, sedated
Head: atraumatic, normocephalic
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: cadaver to upper torso, right arm and lower legs intact. left upper extremity intact No hematoma/seroma/shear/loss noted No overall s/sx of infection, no purulence noted

Results

Findings/Data:
 Laboratory Tests

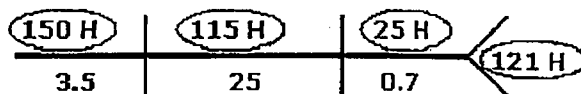
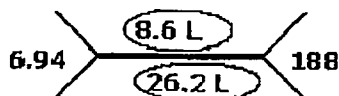
11/28/14 0300:



11/27/14 1515:



11/27/14 0300:



Coagulation:

	11/28 0300
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.4 H
INR	1.09
PTT (21.9 - 31.4 SECONDS)	24.4

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/28/14
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Microbiology:

11/28 1130 BRON WASH: Virus Culture Special Information - RECD
11/28 1130 BRON WASH: Viral Culture - RECD
11/28 1130 BRONCH LAV: Virus Culture Special Information - RECD
11/28 1130 BRONCH LAV: Viral Culture - RECD
11/28 1130 BRON WASH: Fungal Culture - RECD
11/28 1130 BRON WASH: Fungal Smear - RECD
11/28 1130 BRONCH LAV: Fungal Culture - RECD
11/28 1130 BRONCH LAV: Fungal Smear - RECD
11/28 1130 BRON WASH: Bronchial Washings Culture - RES
11/28 1130 BRON WASH: Gram Stain - RES
11/28 1130 BRO. BRUSH: Bronchial Brush Culture - RES
11/28 1130 BRO. BRUSH: Gram Stain - RES
11/28 1130 BRONCH LAV: Bronchoalveolar Lavage Culture - RES
11/28 1130 BRONCH LAV: Gram Stain - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

cont sulfamylon nystatin soaks but decrease the nystatin to 15 grams

no surg needed for facial fx currently

Monitor closely

pt seen with Dr Hassan 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 11/28/14 at 2026

Electronically Signed by Hassan MD, SM Abu Zaheed on 11/29/14 at 1127

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/28/14
Acct#: G00557360179

RPT #: 1128-0435
END OF REPORT

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DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1128-0069 REPORT STATUS: Signed
 DATE:11/28/14 TIME: 0945

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/28/14

REP SRV TM: 0945

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

No: complaints.

Unable to obtain: medical condition

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	11/28 0900
Temp	37.3	11/28 0900
Pulse	94	11/28 0900
Resp	14	11/28 0900
FI02	50	11/28 0754
O2 Delivery Ventilator		11/28 0700
O2 Flow Rate	50	11/28 0700
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/28 0000	11/27 1200
Intake Total	3832	2804
Output Total	2285	1155
Balance	1547	1649
Intake, IV	3022	842
Intake, Other	270	330
Intake, TPN/PPN		1392
Intake, Tube Feeding	540	240
Number Bowel Movements	1	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/28/14
 Acct#: G00557360179

Output, Gastric Drainage	450	125
Output, Stool	40	
Output, Urine	1795	1030

Post-op: day 2
 Status post:
 excision/temp grafting
 Antibiotics: Zosyn

Physical Exam

General appearance: altered mental status
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion, tracheostomy
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: altered mental status
Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/28 0300	11/27 1158	11/27 1006
Blood Gas			
Patient Temperature (C)	36.7	36.2	36.9
pH (7.35 - 7.45)	7.45	7.42	7.44
pCO2 (35 - 45 mmHg)	36	39	37
pO2 (75 - 100 mmHg)	158 H	125 H	136 H
Bicarbonate Actual (22 - 26 mMol/L)	25	24	25
Total CO2 (26 - 28 mMol/L)	26	26	25 L
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)	99 H	99 H	99 H
ABG Base Excess (-2.0 - 2.0 mMol/L)	0.5	-0.3	0.1

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/28/14
 Acct#: G00557360179

FIO2 (%)	50.0	50.0	50.0

Laboratory Tests

	11/28	11/28	11/28	11/28	11/28
	0811	0558	0459	0357	0306
Chemistry					
POC Glucose (70 - 110 MG/DL)	191 H	218 H	236 H	232 H	233 H

	11/28	11/28	11/28	11/28	11/28
	0300	0300	0205	0102	0000
Chemistry					
Sodium (136 - 145 MMOL/L)		144			
Potassium (3.5 - 5.1 MMOL/L)		3.6			
Chloride (99 - 109 MMOL/L)		110 H			
Carbon Dioxide (21 - 32 MMOL/L)		24			
Anion Gap (9 - 18 MMOL/L)		14			
BUN (7 - 21 MG/DL)		23 H			
Creatinine (0.5 - 1.4 MG/DL)		0.7			
Est GFR (African Amer) (>60)		> 60			
Est GFR (Non-Af Amer) (>60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)		32.9 H			
Glucose (70 - 110 MG/DL)		238 H			
POC Glucose (70 - 110 MG/DL)			245 H	209 H	247 H
Lactic Acid (0.4 - 2.0 MMOL/L)	1.3				
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.08 L			
Phosphorus (2.3 - 4.5 MG/DL)		3.5			
Magnesium (1.5 - 2.4 MG/DL)		2.2			
Total Bilirubin (0.20 - 1.00 MG/DL)		0.90			
AST (15 - 37 UNITS/L)		121 H			
Creatine Kinase (39 - 308 UNITS/L)		38 L			

	11/27	11/27	11/27	11/27	11/27
	2311	2153	2112	1957	1846
Chemistry					
POC Glucose (70 - 110 MG/DL)	261 H	267 H	268 H	271 H	238 H

	11/27	11/27	11/27	11/27	11/27
	1750	1515	1401	1317	1159
Chemistry					
Sodium (136 - 145 MMOL/L)		144			
Potassium (3.5 - 5.1 MMOL/L)		3.8			
Chloride (99 - 109 MMOL/L)		110 H			

Patient: LONG, GYLES
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Carbon Dioxide (21 - 32 MMOL/L)	25			
Anion Gap (9 - 18 MMOL/L)	13			
BUN (7 - 21 MG/DL)	24 H			
Creatinine (0.5 - 1.4 MG/DL)	0.7			
Est GFR (African Amer) (> 60)	> 60			
Est GFR (Non-Af Amer) (> 60)	> 60			
BUN/Creatinine Ratio (11.0 - 18.0)	34.3 H			
Glucose (70 - 110 MG/DL)	258 H			
POC Glucose (70 - 110 MG/DL)	250 H	229 H	227 H	221 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14			

	11/27
	1005
Chemistry	
POC Glucose (70 - 110 MG/DL)	202 H

Laboratory Tests

	11/28
	0300
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.4 H
INR	1.09
PTT (21.9 - 31.4 SECONDS)	24.4
Fibrinogen (200 - 400 MG/DL)	328
D-Dimer (0.19 - 0.52 mg/L FEU)	4.32 H

Laboratory Tests

	11/28
	0300
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	9.12
RBC (4.30 - 5.80 MIL/uL)	2.76 L
Hgb (13.0 - 17.3 GM/DL)	8.6 L
Hct (38.0 - 52.0 %)	26.2 L
MCV (80.0 - 98.0 FL)	94.9
MCH (27.0 - 34.0 PG)	31.2
MCHC (31.5 - 36.5 G/DL)	32.8
Plt Count (140 - 400 THOUS/uL)	205
Band Neutrophils % (0 - 5 %)	3.6
Segmented Neutrophils (40 - 65)	92.9 H
Lymphocytes (20 - 40)	3.6 L
Nucleated RBCs (0 - 0)	1.8 H

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Polychromasia	MARKED
Hypochromasia	MODERATE
Poikilocytosis	NORMAL
Basophilic Stippling	SLIGHT
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Target Cells	FEW
Ovalocytes	MODERATE

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

IV fluids: 1/4 NS

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Calcium Gluconate	100 ML	0433	11/28 0433	DC	11/28
Folic Acid	5 MG	IV	11/28 0700		0436
Thiamine HCl	200 MG	QDAY@1800	11/27 1800	CKD	11/27
Multivitamins	10 ML	IV	11/28 1759		1813
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	2,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG		1800 11/27 1800	DC	

Patient: LONG, GYLES
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		IV	11/27 2359		
Sodium Chloride	1,000 ML	.Q10H	11/27 1000	AC	11/28 0506
Malenide Acetate	1 APPLIC	PRN PRN	11/27 0912	AC	11/27 1928
Sterile Water	1,000 ML	TOPICAL			
Neostigmine	5 MG	ASDIR	11/26 1448	CKD	11/27 2013
Methylsulfate		IV			
Sodium Chloride	45 ML				
Piperacillin Sod/	4.5 GM	Q6	11/26 1200	CKD	11/28 0506
Tazobactam Sod		IV			
Sodium Chloride	100 ML				
Lactulose	20 GM	BID=	11/25 2100	AC	11/28 0815
		PER TUBE			
Amantadine HCl	200 MG	BID	11/25 1700	AC	11/28 0814
		PO			
Non-Formulary	See Dose	BID=	11/25 0900	AC	11/28 0815
Medication	Insts (1)	BOTH EARS			
Methadone HCl	10 MG	BID=	11/24 2100	AC	11/28 0815
		IV			
Alprazolam	1 MG	Q4	11/24 1800	AC	11/28 0505
		PER TUBE			
Dexmedetomidine HCl	600 MCG	ASDIR	11/24 1400	AC	11/28 0814
Sodium Chloride	144 ML	IV			
Insulin Human Regular	100 UNITS	ASDIR	11/24 1400	CKD	11/28 0813
Sodium Chloride	99 ML	IV			
Dextrose	15 GM	PRN PRN	11/23 2245	CKD	
		PO			
Dextrose/Water	See Dose	PRN PRN	11/23 2245	AC	
	Insts (2)	IV			
Glucagon	1 MG	PRN PRN	11/23 2245	AC	
		IM			
Lidocaine HCl	1 APPLIC	PRN PRN	11/23 2146	AC	
		TOPICAL			
Methylprednisolone	110 MG	Q24H	11/23 0030	AC	11/28 0018
Sodium Succinate		IV			
Sodium Chloride	250 ML				
Chlorhexidine	1 APPLIC	DAILY PRN PRN	11/22 2206	AC	11/27 0040
Gluconate		SWISH SPIT			
Enoxaparin Sodium	40 MG	DAILY@2200	11/22 2200	DA	
		SUBQ			
Magnesium Hydroxide	60 ML	QPM	11/22 2100	AC	11/27 2004
		PER TUBE			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/28/14
Acct#: G00557360179

Ergocalciferol	50,000 INTL. UNITS	Q30D	11/22 1030	AC	
Oxandrolone	10 MG	PER TUBE Q12HR PO	11/22 1030	AC	11/28 0814
Polyethylene Glycol	1 PKT	BID = PER TUBE	11/22 1030	AC	11/28 0814
Tobramycin/ Dexamethasone Sodium Chloride	See Dose Insts (3) 250 ML	Q12 EACH EYE PRN PRN IV	11/22 1030	AC	11/28 0815
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC	11/25 1711
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC	11/26 0029
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	11/25 1712
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/22 1205
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/28 0814
Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/28 0753
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD	11/23 0215
Norepinephrine Bitartrate	16 MG	ASDIR IV	11/21 1445	AC	
Dextrose/Water	234 ML				
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/24 2338
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC	
Fentanyl Citrate	See Dose Insts (4)	Q10M PRN PRN IV	11/21 1443	AC	11/28 0523
Flumazenil	See Dose Insts (5)	PRN PRN IV	11/21 1443	AC	
Midazolam HCl	See Dose Insts (6)	Q15M PRN PRN IV	11/21 1443	AC	11/22 0130
Midazolam HCl	See Dose Insts (7)	Q15M PRN PRN IV	11/21 1443	AC	11/28 0523
Naloxone HCl	See Dose Insts (8)	PRN PRN IV	11/21 1443	AC	
Ondansetron HCl	4 MG	Q6H PRN PRN	11/21 1443	CKD	

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/28/14
Acct#: G00557360179

IV

Dose Instructions:

- (1) Non-Formulary Medication:
CIPRODEX OTIC SUSP
DOSE = 4 GTTS EACH EAR
PLEASE FILL IN LABEL COMMENTS
- (2) Dextrose/Water:
25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING
- (3) Tobramycin/Dexamethasone:
APPLY TO EA EYE
- (4) Fentanyl Citrate:
50-100 MCG
- (5) Flumazenil:
AS DIRECTED
0.1 MG/ML
- (6) Midazolam HCl:
2-5 MG
- (7) Midazolam HCl:
2-5 MG
- (8) Naloxone HCl:
AS DIRECTED
CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury. OR 11/22/Trach 11/25/, 11/26-OR for excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Plan to begin some tcollar trials today.

Burns-25-30 % POD 2/5 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID: Leukocytosis resolved, suspect wound infection, highly contaminated on arrival Remains on Zosyn. Tissue cx with serratia/bacillus NA. Complex nasal/max-facial fx. Inner ear fluid.

Patient: LONG, GYLES
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Date: 11/28/14
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Continue with broad spectrum coverage/ciprodex to ears.

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with 1/4 NS. D/c additional fluids, Will adjust vits. Lytes stable follow. Remains ++ on I/O hold additional diuresis today.

CV: No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stunned myocardium, has been off pressors since admission with no new issues.

Pulm: Acute respiratory failure, pulmonary contusion on admission. Improving. On Solumdrol infusion. Begin to taper. Have been able to wean. Will place on collar today. Continue nebs.

Heme: Mild coagulopathy, no significant bleeding at this time, stable, no indications for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue premedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ drainage both ears inner ear effusions on CT highly contaminated on arrival, less malodorous remains on Ciprodex. Appreciate Dr. Whitehouse following.

Lines: CL (9)/ AL (6), no evid of infection. Monitor.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 54min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly M on 11/28/14 at 1255
Electronically Signed by Shaver MD, Joseph R on 11/28/14 at 1718

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/28/14
Acct#: G00557360179

RPT #: 1128-0069
END OF REPORT

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DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/29/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/29/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: resp

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675651 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory failure

[
Frontal view the chest is compared to one day prior. Support lines
are unchanged. Heart size is stable. No new infiltrate is seen.
Osseous structures are stable.

Impression: No change from prior.

** Electronically Signed by HAROLD HOBBS JR MD **
** on 11/29/2014 at 0841 **
Reported and signed by: HAROLD HOBBS JR, MD

CC:

PRINTED BY: IE28372 DATE 11/30/2014 (0841) BY: DR HOBBS
PAGE 1 Signed Report

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DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1129-0201 REPORT STATUS: Signed
 DATE: 11/29/14 TIME: 1136

PATIENT: LONG, GYLES UNIT #: G000808204
 ACCOUNT#: G00557360179 ROOM/BED: G.BU10-1
 AGE: 55 SEX: M ATTEND: Mullins MD, Robert
 Fred
 ADM DT: 11/21/14 AUTHOR: Hammond PAC, Dena
 Rep SRV DT: 11/29/14 REP SRV TM: 1136
 * ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3
 Status post: cadaver graft

Subjective

Patient reports:
 No: able to communicate.
 Nursing reports:
 No: complaints.

Objective

VS/I&O:
 Last Documented:

	Result	Date Time
Pulse Ox	100	11/29 1000
Temp	37.5	11/29 1000
Pulse	95	11/29 1000
Resp	21	11/29 1000
FiO2	50	11/29 0813
O2 Delivery	T Collar	11/28 2000
O2 Flow Rate	50	11/28 2000
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/29 0000	11/28 1200
Intake Total	3786	4627
Output Total	3620	2555
Balance	166	2072
Intake, IV	2646	2125
Intake, Other	420	390
Intake, TPN/PPN		1392
Intake, Tube Feeding	720	720

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

Output, Gastric Drainage	650	400
Output, Stool	200	100
Output, Urine	2770	2055

General appearance: awake, no acute distress

Head: atraumatic, normocephalic

Respiratory: Trach/vent

Abdomen: no distention, no guarding

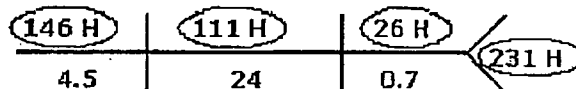
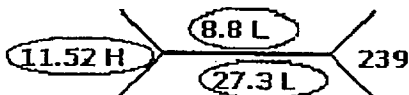
Skin: cadaver to upper torso, right arm and lower legs globally moist and adherent. LUE extremity intact-Mepilex No hematoma/seroma/shear/loss noted No overall s/sx of infection. No acute change.

Results

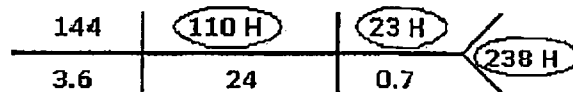
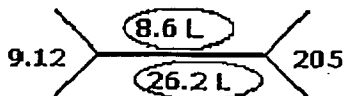
Findings/Data:

Laboratory Tests

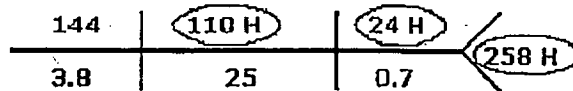
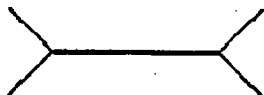
11/29/14 0230:



11/28/14 0300:



11/27/14 1515:



Coagulation:

11/29
0230

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/29/14
Acct#: G00557360179

Coagulation	
PT (9.3 - 11.3 SECONDS)	11.5 H
INR	1.10
PTT (21.9 - 31.4 SECONDS)	23.8

Microbiology:

11/28 1130 BRON WASH: Virus Culture Special Information - RECD
11/28 1130 BRON WASH: Viral Culture - RECD
11/28 1130 BRONCH LAV: Virus Culture Special Information - RECD
11/28 1130 BRONCH LAV: Viral Culture - RECD
11/28 1130 BRON WASH: Fungal Culture - RES
11/28 1130 BRON WASH: Fungal Smear - RES
11/28 1130 BRONCH LAV: Fungal Culture - RES
11/28 1130 BRONCH LAV: Fungal Smear - RES
11/28 1130 BRON WASH: Bronchial Washings Culture - RES
GRAM NEGATIVE ROD
11/28 1130 BRON WASH: Gram Stain - RES
11/28 1130 BRO. BRUSH: Bronchial Brush Culture - RES
GRAM NEGATIVE ROD
11/28 1130 BRO. BRUSH: Gram Stain - RES
11/28 1130 BRONCH LAV: Bronchoalveolar Lavage Culture - RES
GRAM NEGATIVE ROD
11/28 1130 BRONCH LAV: Gram Stain - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE
15% TBSA burn
Leukocytosis
4+ GNR on bronch cx
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

Patient: LONG, GYLES
Unit#:G000808204
Date: 11/29/14
Acct#:G00557360179

P: Continue sulfamylon/15g Nystatin soaks
no surg needed for facial fx currently
Monitor closely
further surgical plans to be determined

pt seen with Dr Hassan 99232x2

Electronically Signed by Hammond PAC,Dena on 11/29/14 at 1143
Electronically Signed by Hassan MD,SM Abu Zaheed on 12/01/14 at 0743

RPT #: 1129-0201
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1129-0346 REPORT STATUS: Signed
 DATE:11/29/14 TIME: 1613

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD,Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/29/14

REP SRV TM: 1613

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Nursing reports:

Yes: complaints, agitated.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Resp	15	11/29 1603
Pulse Ox	100	11/29 1600
Temp	37.1	11/29 1600
Pulse	83	11/29 1600
FI O2	50	11/29 0813
O2 Delivery	T Collar	11/28 2000
O2 Flow Rate	50	11/28 2000
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/29 0000	11/28 1200
Intake Total	3786	4627
Output Total	3620	2555
Balance	166	2072
Intake, IV	2646	2125
Intake, Other	420	390
Intake, TPN/PPN		1392
Intake, Tube Feeding	720	720
Output, Gastric Drainage	650	400
Output, Stool	200	100

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

Output, Urine	2770	2055

Temperature maximum: 100.2

Post-op: day 3

Status post:

excision/temp grafting

Antibiotics: Zosyn

Physical Exam

General appearance: alert, awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: altered mental status

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/29 0230	11/29 0230
Blood Gas		
Patient Temperature (C)	37.8	37.8
pH (7.35 - 7.45)		7.45
pCO2 (35 - 45 mmHg)		37
pO2 (75 - 100 mmHg)		200 H
Bicarbonate Actual (22 - 26 mEq/L)		26
Total CO2 (26 - 28 mEq/L)		26
ABG O2 Sat Calc/Meas (92.0 - 98.5 %)		100 H
ABG Base Excess (-2.0 - 2.0 mEq/L)		1.4
Mixed VBG pH (7.35 - 7.45/7.59)	7.41	
Mixed VBG pCO2 (NONE ESTAB mmHg)	36	
Mixed VBG pO2 (NONE ESTAB mmHg)	54	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

Mixed VBG HCO3 (NONE ESTAB mMol/L)	23
Mixed VBG Total CO2 (NONE ESTAB mMol/L)	23
Mixed VBG Base Excess (NONE ESTAB mMol/L)	-2.0
Mixed VBG O2 Saturation (NONE ESTAB %)	85
FiO2 (%)	50.0 50.0

Laboratory Tests

	11/29	11/29	11/29	11/29	11/29
	1445	1246	1020	0821	0632
Chemistry					
POC Glucose (70 - 110 MG/DL)	165 H	188 H	212 H	211 H	209 H

	11/29	11/29	11/29	11/29	11/29
	0442	0250	0230	0230	0011
Chemistry					
Sodium (136 - 145 MMOL/L)				146 H	
Potassium (3.5 - 5.1 MMOL/L)				4.5	
Chloride (99 - 109 MMOL/L)				111 H	
Carbon Dioxide (21 - 32 MMOL/L)				24	
Anion Gap (9 - 18 MMOL/L)				16	
BUN (7 - 21 MG/DL)				26 H	
Creatinine (0.5 - 1.4 MG/DL)				0.7	
Est GFR (African Amer) (> 60)				> 60	
Est GFR (Non-Af Amer) (> 60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)				37.1 H	
Glucose (70 - 110 MG/DL)				231 H	
POC Glucose (70 - 110 MG/DL)	194 H	227 H			191 H
Lactic Acid (0.4 - 2.0 MMOL/L)			1.2		
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.08 L	
Phosphorus (2.3 - 4.5 MG/DL)				3.1	
Magnesium (1.5 - 2.4 MG/DL)				2.1	
Total Bilirubin (0.20 - 1.00 MG/DL)				1.10 H	
AST (15 - 37 UNITS/L)				217 H	
Alkaline Phosphatase (50 - 136 UNITS/L)				84	
Creatine Kinase (39 - 308 UNITS/L)				48	
B-Natriuretic Peptide (0 - 100 PG/ML)				87	

	11/28	11/28	11/28
	2215	2008	1736
Chemistry			
POC Glucose (70 - 110 MG/DL)	109	128 H	172 H

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

Laboratory Tests

	11/29 0230
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.5 H
INR	1.10
PTT (21.9 - 31.4 SECONDS)	23.8
Fibrinogen (200 - 400 MG/DL)	342
D-Dimer (0.19 - 0.52 mg/L FEU)	4.32 H

Laboratory Tests

	11/29 0230
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	11.52 H
RBC (4.30 - 5.80 MIL/uL)	2.84 L
Hgb (13.0 - 17.3 GM/DL)	8.8 L
Hct (38.0 - 52.0 %)	27.3 L
MCV (80.0 - 98.0 FL)	96.1
MCH (27.0 - 34.0 PG)	31.0
MCHC (31.5 - 36.5 G/DL)	32.2
Plt Count (140 - 400 THOUS/uL)	239
Band Neutrophils % (0 - 5 %)	6.2 H
Segmented Neutrophils (40 - 65)	92.9 H
Monocytes (2 - 8)	0.9 L
Nucleated RBCs (0 - 0)	0.9 H
Polychromasia	MARKED
Hypochromasia	MODERATE
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Ovalocytes	MODERATE

Radiology data

Recent Impressions:

RADIOLOGY - CHEST AP PORT 11/29 0405

*** Report Impression - Status: SIGNED Entered: 11/29/2014 0845

Impression: No change from prior.

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

Impression By: HOBHA - HAROLD HOBBS JR, MD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Other:

Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Folic Acid	5 MG	QDAY@1800	11/29 1800	CKD	
Thiamine HCl	200 MG	IV	11/30 1759		
Multivitamins	10 ML				
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Insulin Human Regular	50 UNITS				
Dextrose/Water	1,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG	1800	11/29 1800	AC	
		IV	11/29 1900		
Methylprednisolone	25 MG	DAILY	11/29 1610	UNVr	
Sodium Succinate		IV			
White Petrol/Mineral Oil/Lanolin	1 APPLIC	QID EACH EYE	11/29 1300	CKD	11/29 1240
Vitamin A/Vitamin D	1 APPLIC	ASDIR	11/29 0938	CKD	11/29

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/29/14
Acct#: G00557360179

Amantadine HCl	200 MG	TOPICAL			1240
		BID		11/29 0930	AC
		PO			11/29 0955
Calcium Gluconate	100 ML	0507	11/29 0507	DC	11/29 0523
Methylprednisolone	55 MG	IV	11/29 0830	DCr	11/29 0233
Sodium Succinate		Q24H	11/29 0030		
Sodium Chloride	250 ML	IV			
Folic Acid	5 MG	QDAY@1800	11/28 1800	DC	11/28 1740
Thiamine HCl	200 MG	IV	11/29 1759		
Multivitamins	10 ML				
Sodium Ascorbate	5,000 MG				
Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Dextrose/Water	1,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG	1800	11/28 1800	DC	
		IV	11/28 2359		
Methadone HCl	10 MG	BID	11/28 1700	AC	11/29 0842
		PO			
Alprazolam	1 MG	TID	11/28 1300	AC	11/29 1241
		PER TUBE			
Lactulose	20 GM	TID	11/28 1300	AC	11/29 1240
		PER TUBE			
Mafenide Acetate	1 APPLIC	PRN PRN	11/27 0912	AC	11/29 0342
Sterile Water	1,000 ML	TOPICAL			
Neostigmine	5 MG	ASDIR	11/26 1448	CKD	11/29 0352
Methylsulfate		IV			
Sodium Chloride	45 ML				
Piperacillin Sod/	4.5 GM	Q6	11/26 1200	CKD	11/29 0843
Tazobactam Sod		IV			
Sodium Chloride	100 ML				
Amantadine HCl	200 MG	BID	11/25 1700	DC	11/28 1738
		PO			
Non-Formulary Medication	See Dose Insts (1)	BID = BOTH EARS	11/25 0900	AC	11/29 0846
Dexmedetomidine HCl	600 MCC	ASDIR	11/24 1400	AC	11/29 1243
Sodium Chloride	144 ML	IV			
Insulin Human Regular	100 UNITS	ASDIR	11/24 1400	CKD	11/29 0843
Sodium Chloride	99 ML	IV			
Dextrose	15 GM	PRN PRN	11/23 2245	CKD	
		PO			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/29/14
Acct#: G00557360179

Dextrose/Water	See Dose Insts (2)	PRN PRN IV	11/23 2245	AC	
Glucagon	1 MG	PRN PRN IM	11/23 2245	AC	
Lidocaine HCl	1 APPLIC	PRN PRN TOPICAL	11/23 2146	AC	
Chlorhexidine Gluconate	1 APPLIC	DAILY PRN PRN SWISH SPIT	11/22 2206	AC	11/27 0040
Enoxaparin Sodium	40 MG	DAILY@2200 SUBQ	11/22 2200	AC	
Magnesium Hydroxide	60 ML	QPM PER TUBE	11/22 2100	AC	11/28 2028
Ergocalciferol	50,000 INTL. UNITS	Q30D PER TUBE	11/22 1030	AC	
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC	11/29 0842
Polyethylene Glycol	1 PKT	BID = PER TUBE	11/22 1030	AC	11/29 0841
Tobramycin/ Dexamethasone Sodium Chloride	See Dose Insts (3) 250 ML	Q12 EACH EYE PRN PRN IV	11/22 1030	DC	11/29 0844
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC	11/28 0056
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC	11/25 1711
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	11/26 0029
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/25 1712
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/22 1205
Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/29 0841
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD	11/29 1534
Norepinephrine Bitartrate	16 MG	ASDIR IV	11/21 1445	AC	
Dextrose/Water	234 ML				
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/23 0215
Diphenhydramine HCl	50 MG	Q6H PRN PRN	11/21 1443	AC	11/24 2338

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/29/14
 Acct#: G00557360179

		PO			
Fentanyl Citrate	See Dose Insts (4)	Q10M PRN PRN IV	11/21 1443	AC	11/29 0344
Flumazenil	See Dose Insts (5)	PRN PRN IV	11/21 1443	AC	
Midazolam HCl	See Dose Insts (6)	Q15M PRN PRN IV	11/21 1443	AC	11/22 0130
Midazolam HCl	See Dose Insts (7)	Q15M PRN PRN IV	11/21 1443	AC	11/29 0443
Naloxone HCl	See Dose Insts (8)	PRN PRN IV	11/21 1443	AC	
Ondansetron HCl	4 MG	Q6H PRN PRN IV	11/21 1443	CKD	

Dose Instructions:

(1) Non-Formulary Medication:

CIPRODEX OTIC SUSP

DOSE = 4 GTTS EACH EAR

PLEASE FILL IN LABEL COMMENTS

(2) Dextrose/Water:

25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING

(3) Tobramycin/Dexamethasone:

APPLY TO EA EYE

(4) Fentanyl Citrate:

50-100 MCG

(5) Flumazenil:

AS DIRECTED

0.1 MG/ML

(6) Midazolam HCl:

2-5 MG

(7) Midazolam HCl:

2-5 MG

(8) Naloxone HCl:

AS DIRECTED

CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with

Patient: LONG, GYLES
Unit#:G000808204
Date: 11/29/14
Acct#:G00557360179

shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury. OR 11/22/Trach 11/25/, 11/26-OR for excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Has been tolerating tcollar x 2days.

Burns-25-30 % POD 3/5 S/P porcine. Avulsion to LLE. Wound cx with B. NA/Serratia. Sensitivities adequate see ID.

ID:Leukocytosis resolved,suspect wound infection, highly contaminated on arrival Remains on Zosyn. Tissue cx with serratia/bacillus NA. Complex nasal/max-facial fx. Inner ear fluid. Continue with broad spectrum coverage/ciprodex to ears. F/u cx from bronch pending +3 GNR-awaiting sensitivities.

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavengering. CT of abdomen nonspecific small ascites.

GU:Hypertoncity improved with 1/4 NS. D/c additional fluids, Will adjust vits. Lytes stable follow. Remains ++ on I/O hold additional diuresis today.

CV: No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stun myocardium, has been off pressors since admission with no new issues.

Pulm:Acute respiratory failure, pulmonary contusion on admission. Improving. On Solumdrol infusion. Begin to taper. Have been able to wean. Tolerating tcollar se creations minimal. Bronch with GNR +3, repeat CXR in am, remains on broad spectrum coverage. Aveolar lavage very hemorrhagic.

Heme:Mild coagulopathy, no significant bleeding at this time, stable, no indicaitons for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast.

END:glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

Patient: LONG, GYLES
Unit#:G000808204
Date: 11/29/14
Acct#:G00557360179

HEENT:Facial fx, non displaced, no surgical plans per plastics. + + drainage both ears inner ear effusions on CT highly contaminated on arrival, less malodorous remains on Ciprodex. Appreciate Dr. Whitehouse following. Vision seems to be affected by the injury. Will have Dr. Fatteh to reevaluate this patient once trach is capped.

Lines:CL (10)/ AL (6), no evid of infection. Monitor. Would like to d/c CL and obtain PICC, hopefully we can d/c aline next day or two.

Disp:Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 34min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly m on 11/29/14 at 1634
Electronically Signed by Shaver MD, Joseph R on 11/30/14 at 1722

RPT #: 1129-0346
END OF REPORT

Page 10 of 10

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 11/30/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/30/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pna

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675830 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia

Single view of the chest is obtained compared to prior exam 11/29/2014. The tracheal catheter and left-sided central venous catheter unchanged in position. Cardiac silhouette is enlarged, but stable. The right-sided pneumonia has improved. No large pleural effusion. No pneumothorax.

Conclusion
1. Improved right-sided pneumonia

** Electronically Signed by HAROLD BRADFORD JONES MD **
** on 11/30/2014 at 0800 **
Reported and signed by: HAROLD BRADFORD JONES, MD

CC:

PRINTED BY: 11/30/2014 (0800) DATE 11/30/2014
PAGE 1 Signe ~ ort
-296-

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1130-0269 REPORT STATUS: Signed
 DATE:11/30/14 TIME: 1301

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Craft Coffman

PAC, Beretta

Rep SRV DT: 11/30/14

REP SRV TM: 1301

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 4

Status post: cadaver graft

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	11/30 1200
Pulse	91	11/30 1200
Resp	24	11/30 1200
FiO2	50	11/30 1156
Temp	37.9	11/30 1100
O2 Delivery Ventilator		11/30 0800
O2 Flow Rate	50	11/30 0800
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/30 0000	11/29 1200
Intake Total	2756.5	2003
Output Total	3300	3550
Balance	-543.5	-1547
Intake, IV	788.5	395
Intake, Other	360	
Intake, TPN/PPN	888	888
Intake, Tube Feeding	720	720
Number	1	
Bowel Movements		
Output, Gastric Drainage	250	250

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

Output, Stool	100	600
Output, Urine	2950	2700
Patient Weight	110 kg	

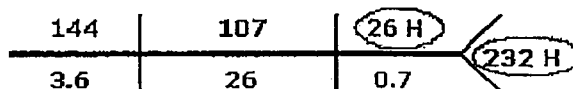
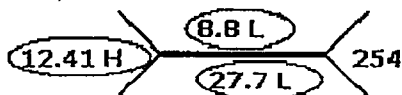
General appearance: intubated, sedated
Head: atraumatic; normocephalic, scattered areas on the face are healing
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: cadaver to upper torso, right arm and lower legs adherent. LUE extremity intact-Mepilex and exalt No hematoma/seroma/shear/loss noted. 2 areas on the left lower leg have fluid collected under the cadaver. No overall s/sx of infection. No acute change.

Results

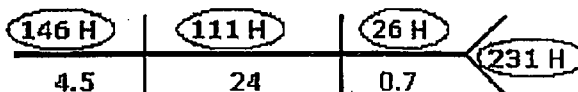
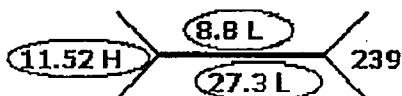
Findings/Data:

Laboratory Tests

11/30/14 0215:



11/29/14 0230:



Coagulation:

	11/30 0215
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.6 H
INR	1.11
PIT (21.9 - 31.4 SECONDS)	29.8

Microbiology:

11/28 1130 BRON WASH: Virus Culture Special Information - RECD

11/28 1130 BRON WASH: Viral Culture - RECD

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

11/28 1130 BRONCH LAV: Virus Culture Special Information - RECD
11/28 1130 BRONCH LAV: Viral Culture - RECD
11/28 1130 BRON WASH: Fungal Culture - RES
11/28 1130 BRON WASH: Fungal Smear - RES
11/28 1130 BRONCH LAV: Fungal Culture - RES
11/28 1130 BRONCH LAV: Fungal Smear - RES
11/28 1130 BRON WASH: Bronchial Washings Culture - RES
BURKHOLDERIA (P) CEPACIA
GRAM NEGATIVE ROD
11/28 1130 BRON WASH: Gram Stain - RES
11/28 1130 BRO. BRUSH: Bronchial Brush Culture - RES
BURKHOLDERIA (P) CEPACIA
11/28 1130 BRO. BRUSH: Gram Stain - RES
11/28 1130 BRONCH LAV: Bronchoalveolar Lavage Culture - RES
BURKHOLDERIA (P) CEPACIA
11/28 1130 BRONCH LAV: Gram Stain - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

Leukocytosis

4+ GNR on bronch cx

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue sulfamylon/15g Nystatin soaks to the torso and legs

unroof the 2 areas on the legs

no surg needed for facial fx currently

Monitor closely

further surgical plans to be determined, likely Thursday

apply exalt to the RUE

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

pt seen with Dr Hassan 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 11/30/14 at 1304
Electronically Signed by Hassan MD, SM Abu Zaheed on 12/01/14 at 0745

RPT #: 1130-0269
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1130-0278 REPORT STATUS: Signed
 DATE:11/30/14 TIME: 1302

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 Fred

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins MD, Robert

ADM DT: 11/21/14

AUTHOR: Linticum

NP, Kimberly m

Rep SRV DT: 11/30/14

REP SRV TM: 1302

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:

No: complaints.

Nursing reports:

No: complaints.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	11/30 1200
Pulse	91	11/30 1200
Resp	24	11/30 1200
FiO2	50	11/30 1156
Temp	37.9	11/30 1100
O2 Delivery Ventilator		11/30 0800
O2 Flow Rate	50	11/30 0800
B/P	104/52	11/23 1630

24 hour I&O ending at 0700:

	11/30 0000	11/29 1200
Intake Total	2756.5	2003
Output Total	3300	3550
Balance	-543.5	-1547
Intake, IV	788.5	395
Intake, Other	360	
Intake, TPN/PPN	888	888
Intake, Tube Feeding	720	720
Number Bowel	1	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

Movements		
Output, Gastric Drainage	250	250
Output, Stool	100	600
Output, Urine	2950	2700
Patient Weight	110 kg	

Temperature maximum: 100.2

Post-op: day 4

Status post:

excision/temp grafting

Antibiotics: day 1, Levaquin

Physical Exam

General appearance: alert, awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: altered mental status

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	11/30 0215
Blood Gas	
Patient Temperature (C)	38.3
pH (7.35 - 7.45)	7.49 H
pCO2 (35 - 45 mmHg)	34 L
pO2 (75 - 100 mmHg)	266 H

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

Bicarbonate Actual (22 - 26 mMOL/L)	26
Total CO2 (26 - 28 mMOL/L)	26
ABC O2 Sat Calc/Meas (92.0 - 98.5 %)	99 H
ABG Base Excess (-2.0 - 2.0 mMOL/L)	2.0
FiO2 (%)	50.0

Laboratory Tests

	11/30	11/30	11/30	11/30	11/30
	1145	0817	0648	0421	0217
Chemistry					
POC Glucose (70 - 110 MG/DL)	257 H	247 H	219 H	212 H	211 H

	11/30	11/30	11/29	11/29	11/29
	0215	0215	2356	2217	2007
Chemistry					
Sodium (136 - 145 MMOL/L)		144			
Potassium (3.5 - 5.1 MMOL/L)		3.6			
Chloride (99 - 109 MMOL/L)		107			
Carbon Dioxide (21 - 32 MMOL/L)		26			
Anion Gap (9 - 18 MMOL/L)		15			
BUN (7 - 21 MG/DL)		26 H			
Creatinine (0.5 - 1.4 MG/DL)		0.7			
Est GFR (African Amer) (> 60)		> 60			
Est GFR (Non-Af Amer) (> 60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)		37.1 H			
Glucose (70 - 110 MG/DL)		232 H			
POC Glucose (70 - 110 MG/DL)			139 H	141 H	144 H
Lactic Acid (0.4 - 2.0 MMOL/L)	1.0				
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.18			
Phosphorus (2.3 - 4.5 MG/DL)		2.5			
Magnesium (1.5 - 2.4 MG/DL)		1.9			
Total Bilirubin (0.20 - 1.00 MG/DL)		1.30 H			
Creatine Kinase (39 - 308 UNITS/L)		80			

	11/29	11/29	11/29
	1806	1613	1445
Chemistry			
POC Glucose (70 - 110 MG/DL)	159 H	153 H	165 H

Laboratory Tests

	11/30
	0215

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

Coagulation	
PT (9.3 - 11.3 SECONDS)	11.6 H
INR	1.11
PTT (21.9 - 31.4 SECONDS)	29.8
Fibrinogen (200 - 400 MG/DL)	381
D-Dimer (0.19 - 0.52 mg/L FEU)	5.03 H

Laboratory Tests

	11/30 0215
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	12.41 H
RBC (4.30 - 5.80 MIL/uL)	2.85 L
Hgb (13.0 - 17.3 GM/DL)	8.8 L
Hct (38.0 - 52.0 %)	27.7 L
MCV (80.0 - 98.0 FL)	97.2
MCH (27.0 - 34.0 PG)	30.9
MCHC (31.5 - 36.5 G/DL)	31.8
Plt Count (140 - 400 THOUS/uL)	254
Band Neutrophils % (0 - 5 %)	4.4
Segmented Neutrophils (40 - 65)	82.3 H
Lymphocytes (20 - 40)	7.1 L
Monocytes (2 - 8)	3.5
Eosinophils (0 - 4)	1.8
Metamyelocytes (0 - 0)	0.9 H
Polychromasia	MARKED
Hypochromasia	MODERATE
Poikilocytosis	NORMAL
Basophilic Stippling	MARKED
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Target Cells	FEW
Ovalocytes	MODERATE

Treatment & Prophylaxis

Treatment & Prophylaxis
 Foley:

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

Date foley inserted: 11/21/14
Oxygen: ventilator
Ventilator: SIMV
Lines: arterial, CVC
Drains/tube:
Drains/tube: urinary catheter, OGT
Tube feeding: Yes (Impact at 20ml/h)
TPN: Yes
Ulcer prophylaxis: pantoprazole
Other:
Current Hospital Medications:

Medication	Dose	Sig/Sch Route	Start time Stop Time	Last Status Admin
Folic Acid	5 MG	QDAY@1800	11/30 1800	CKD
Thiamine HCl	200 MG	IV	12/01 1759	
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			
Phytonadione	20 MG			
Zinc Sulfate	25 MG			
Insulin Human Regular	65 UNITS			
Dextrose/Water	1,000 ML			
Amino Acids	750 ML			
Multivitamins	1 BAG	1800 IV	11/30 1800 11/30 1900	AC
Alprazolam	2 MG	TID	11/30 1300	UNV
Tapentadol	100 MG	PER TUBE Q6H PRN PRN PO	11/30 1256	UNV
Furosemide	60 MG	NOW ONE IV	11/30 1249 11/30 1250	UNV
Levofloxacin/Dextrose	150 ML	Q24H IV	11/30 1249	UNV
Acetaminophen	100 ML	Q6H PRN PRN IV	11/30 0135 12/02 0135	CKD 11/30 0224
Ibuprofen	800 MG	Q8H PRN PRN IV	11/30 0135 12/02 0135	AC 11/30 0348
Sodium Chloride	250 ML	IV	11/30 0000	AC 11/30
Insulin Human Regular	0	Q4H IV	11/30 0000	AC 11/30
Folic Acid	5 MG	QDAY@1800	11/29 1800	DC 11/29
Thiamine HCl	200 MG	IV	11/30 1759	1747
Multivitamins	10 ML			
Sodium Ascorbate	5,000 MG			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

Phytonadione	20 MG				
Zinc Sulfate	25 MG				
Insulin Human Regular	50 UNITS				
Dextrose/Water	1,000 ML				
Amino Acids	750 ML				
Multivitamins	1 BAG	1800	11/29 1800	DC	
		IV	11/29 1900		
Methylprednisolone	25 MG	DAILY	11/29 1610	DCr	11/30
Sodium Succinate		IV			0841
White Petrol/Mineral	1 APPLIC	QID	11/29 1300	CKD	11/30
Oil/Lanolin		EACH EYE			1148
Vitamin A/Vitamin D	1 APPLIC	ASDIR	11/29 0938	CKD	11/30
		TOPICAL			0846
Amantadine HCl	200 MG	BID	11/29 0930	AC	11/30
		PO			0844
Methylprednisolone	55 MG	Q24H	11/29 0030	DC	11/29
Sodium Succinate		IV			0233
Sodium Chloride	250 ML				
Methadone HCl	10 MG	BID	11/28 1700	AC	11/30
		PO			0841
Alprazolam	1 MG	TID	11/28 1300	DCr	11/30
		PER TUBE			1246
Lactulose	20 GM	TID	11/28 1300	AC	11/30
		PER TUBE			1246
Mafenide Acetate	1 APPLIC	PRN PRN	11/27 0912	AC	11/30
Sterile Water	1,000 ML	TOPICAL			0539
Neostigmine	5 MG	ASDIR	11/26 1448	CKD	11/30
Methylsulfate		IV			0348
Sodium Chloride	45 ML				
Piperacillin Sod/	4.5 GM	Q6	11/26 1200	DCr	11/30
Tazobactam Sod		IV			1246
Sodium Chloride	100 ML				
Non-Formulary	See Dose	BID=	11/25 0900	AC	11/30
Medication	Insts (1)	BOTH EARS			0848
Dexmedetomidine HCl	600 MCG	ASDIR	11/24 1400	AC	11/30
Sodium Chloride	144 ML	IV			1146
Insulin Human Regular	100 UNITS	ASDIR	11/24 1400	DC	11/29
Sodium Chloride	99 ML	IV			0843
Dextrose	15 GM	PRN PRN	11/23 2245	CKD	
		PO			
Dextrose/Water	See Dose	PRN PRN	11/23 2245	AC	
	Insts (2)	IV			

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

Glucagon	1 MG	PRN PRN	11/23 2245	AC	
Lidocaine HCl	1 APPLIC	IM PRN PRN TOPICAL	11/23 2146	AC	
Chlorhexidine Gluconate	1 APPLIC	DAILY PRN PRN SWISH SPIT	11/22 2206	AC	11/27 0040
Enoxaparin Sodium	40 MG	DAILY@2200 SUBQ	11/22 2200	AC	11/29 2120
Magnesium Hydroxide	60 ML	QPM PER TUBE	11/22 2100	AC	11/29 2010
Ergocalciferol	50,000 INTL. UNITS	Q30D PER TUBE	11/22 1030	AC	
Oxandrolone	10 MG	Q12HR PO	11/22 1030	AC	11/30 0843
Polyethylene Glycol	1 PKT	BID= PER TUBE	11/22 1030	AC	11/30 0843
Sodium Chloride	250 ML	PRN PRN IV	11/22 0311	AC	11/30 0423
Sterile Water	1,000 ML	ASDIR PRN MISC	11/22 0311	AC	11/25 1711
Bacitracin/Polymyxin B Sulfate	1 APPLIC	TIDP PRN TOPICAL	11/22 0310	AC	11/26 0029
Chlorhexidine Gluconate	1 APPLIC	ASDIR TOPICAL	11/22 0310	CKD	11/25 1712
Sodium Hypochlorite	1 APPLIC	ASDIR TOPICAL	11/22 0309	CKD	11/22 1205
Pantoprazole	80 MG	DAILY IV	11/21 2000	AC	11/30 0843
Albuterol/Ipratropium	3 ML	RTQ6H NEB	11/21 1700	AC	11/30 0810
Albumin Human	500 ML	ASDIR IV	11/21 1449	CKD	11/23 0215
Norepinephrine Bitartrate	16 MG	ASDIR IV	11/21 1445	DCr	
Dextrose/Water Diphenhydramine HCl	234 ML 50 MG	Q6H PRN PRN IV	11/21 1443	AC	11/24 2338
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	11/21 1443	AC	
Fentanyl Citrate	See Dose Insts (3)	Q10M PRN PRN IV	11/21 1443	AC	11/30 0533
Flumazenil	See Dose	PRN PRN	11/21 1443	AC	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 11/30/14
 Acct#: G00557360179

	Insts (4)	IV		
Midazolam HCl	See Dose	Q15M PRN PRN	11/21 1443	DCr 11/22
	Insts (5)	IV		0130
Midazolam HCl	See Dose	Q15M PRN PRN	11/21 1443	DCr 11/30
	Insts (6)	IV		0534
Naloxone HCl	See Dose	PRN PRN	11/21 1443	AC
	Insts (7)	IV		
Ondansetron HCl	4 MG	Q6H PRN PRN	11/21 1443	CKD
		IV		

Dose Instructions:

(1) Non-Formulary Medication:

CIPRODEX OTIC SUSP

DOSE = 4 GTTS EACH EAR

PLEASE FILL IN LABEL COMMENTS

(2) Dextrose/Water:

25-50 ML - SEE HYPOGLYCEMIA PROTOCOL FOR DOSING

(3) Fentanyl Citrate:

50-100 MCG

(4) Flumazenil:

AS DIRECTED

0.1 MG/ML

(5) Midazolam HCl:

2-5 MG

(6) Midazolam HCl:

2-5 MG

(7) Naloxone HCl:

AS DIRECTED

CONC 0.4 MG/ML

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement with shrapnel like appearance throughout face/chest/upper ext/lower ext. Multiple facial trauma to include nasal/zygomatic (left) nondisplace orbital fx. Pneumoperitenium, reviewed with laparotomy at OSH. Negative for any internal injuries. Bilateral pulmonary contusion c/w blast injury. OR 11/22/Trach 11/25/, 11/26-OR for excision/removal of shrapnel and addressment of large avulsion to Left lower ext. Overnight no new issues. Has been tolerating tcollar for last 72hrs. Resting at night on vent. Will work towards tollar at all times

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

as tolerated.

Burns-25-30 % POD 4/5 S/P porcine. Avulsion to LLE. WC-topical. Ongoing surgical needs.

ID: Leukocytosis resolved, suspect wound infection, highly contaminated on arrival. Currently on Zosyn for skin/sinus-fx coverage. Bronch with RLL infiltrate Cepacia-spec. Levaquin added for pulmonary coverage.

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable follow. Remains ++ on I/O additional diuresis today.

CV: No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substantial pressor requirements on admission suspect stunned myocardium, has been off pressors since admission with no new issues.

Pulm: Acute respiratory failure, pulmonary contusion on admission. Improving. On Solumdrol infusion. Begin to taper. Have been able to wean. Tolerating tcollar secretions minimal. Bronch with GNR +3, some clinical improvement, Cepacia with sensitivities to Levaquin. Alveolar lavage very hemorrhagic. Has been tolerating tcollar, will continue as tolerated all times.

Heme: Mild coagulopathy, no significant bleeding at this time, stable, no indications for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precdex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ drainage both ears inner ear effusions on CT highly contaminated on arrival, less malodorous remains on Ciprodex. Appreciate Dr. Whitehouse following. Vision seems to be affected by the injury. Will have Dr. Fatteh to reevaluate this patient once trach is capped.

Patient: LONG, GYLES
Unit#: G000808204
Date: 11/30/14
Acct#: G00557360179

Lines: CL (11)/ AL (7), no evid of infection. Monitor. Would like to d/c CL and obtain PICC, hopefully we can d/c a line next day or two.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1hr 34min critical care time spent with this patient.

Electronically Signed by Linticum NP, Kimberly M on 11/30/14 at 1313
Electronically Signed by Shaver MD, Joseph R on 11/30/14 at 1720

RPT #: 1130-0278
END OF REPORT

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DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1201-0303 REPORT STATUS: Signed
 DATE:12/01/14 TIME: 1455

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Hammond PAC, Dena

Rep SRV DT: 12/01/14

REP SRV TM: 1455

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 5

Status post: cadaver graft

Subjective

Patient reports:

No: complaints.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/01 1407
B/P	125/59	12/01 1407
Temp	38.6	12/01 1407
Pulse	88	12/01 1407
Resp	35	12/01 1407
O2 Delivery	T Collar	12/01 0910
O2 Flow Rate	12	12/01 0910
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/01 0000	11/30 1200
Intake Total	2739	3160.5
Output Total	5805	3250
Balance	-3066	-89.5
Intake, IV	651	1022.5
Intake, Other	480	530
Intake, TPN/PPN	888	888
Intake, Tube Feeding	720	720

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/01/14
 Acct#: G00557360179

Output, Gastric Drainage	100	200
Output, Stool	930	350
Output, Urine	4775	2700
Patient Weight	110 kg	

General appearance: awake, no acute distress

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

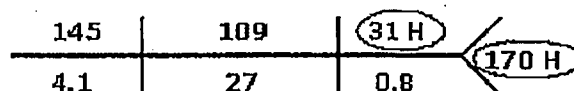
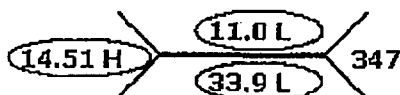
Skin: CAD to torso/BLE adherent. BUE extremity intact-Mepilex and exalt No hematoma/seroma/shear/loss noted to areas of CAD . 2 areas on the left lower leg have had cadaver removed-bases pale with serosanguinous d/c. No overall s/sx of infection. No acute interval change.

Results

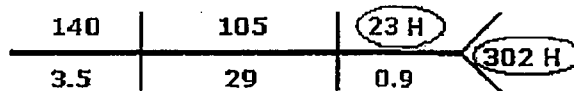
Findings/Data:

Laboratory Tests

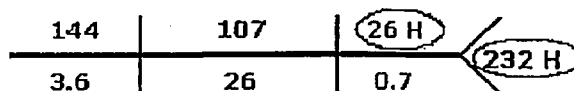
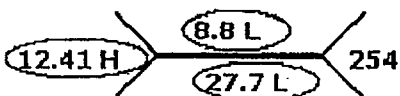
12/01/14 0440:



11/30/14 1610:



11/30/14 0215:



Patient: LONG, GYLES
Unit#: G000808204
Date: 12/01/14
Acct#: G00557360179

Coagulation:

	12/01 0440
Coagulation	
PT (9.3 - 11.3 SECONDS)	12.3 H
INR	1.17
PTT (21.9 - 31.4 SECONDS)	27.8

Microbiology:

12/01 1330 CENTRL TIP: Catheter Tip Culture - RECD
12/01 0526 BLOOD: Anaerobic Blood Culture - RECD
12/01 0526 BLOOD: Aerobic Blood Culture - RECD
12/01 0510 BLOOD: Anaerobic Blood Culture - RECD
12/01 0510 BLOOD: Aerobic Blood Culture - RECD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

LUE Mepilex, RUE Exsalt

Leukocytosis-up to 14K today

Blood Cx pending

4+ GNR on bronch cx

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue sulfamylon/15g Nystatin soaks to the torso and legs
no surg needed for facial fx currently
Monitor closely
further surgical plans to be determined, likely Thursday

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/01/14
Acct#: G00557360179

pt seen with Dr Homsombath 99232x2

Electronically Signed by Hammond PAC, Dena on 12/01/14 at 1543
Electronically Signed by Homsombath MD, Bounthavy on 12/02/14 at 0950

RPT #: 1201-0303
END OF REPORT

Page 4 of 4

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road -

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/01/2014

OD PHYSICIAN: Hogan MD, Christoph ADM: 11/21/2014 ORDERED: 12/01/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: line

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001676063 Chest/ABD Line/Tube Plc

Interest/reason for exam:: CPT CODE:

HISTORY:
Line placement

Findings: Single frontal view of the chest obtained 12/01/2014 09:05 hours demonstrates degenerative changes. The heart is enlarged. A tracheostomy tube overlies the tracheal air shadow above the expected position of the carina. A left-sided vascular catheter overlies the region of the superior vena cava. A left-sided PICC line projects over expected position of the superior vena cava. There is evidence for vascular congestion/edema. Right perihilar atelectasis/infiltrate is suggested.

Impression:

Interval placement of left-sided PICC line with the tip overlying the expected position of the superior vena cava.

Low-volume inspiration.

Findings suggesting vascular congestion/edema. Superimposed infectious infiltrate especially on the right not excluded.

** Electronically Signed by WILLIAM JOHNSON MD **
** on 12/01/2014 at 0922 **

Reported and signed by: WILLIAM JOHNSON, MD

CC: Christopher S Hogan MD

DATE 12/01/2014 (0922) BY DR JOHNSON
PRINTED BY: 1508372 DATE 07/3/2015
PAGE 1

Signe ort

--315--

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/01/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 12/01/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: PNA

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001675998 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia

Findings: A single frontal view the chest obtained 12/01/2014 at 0456 hours demonstrates a left-sided vascular catheter overlying the region of the superior vena cava. A tracheostomy tube overlies the region of the tracheal air shadow above the expected position of the carina. Surgical clips are noted. Bilateral pulmonary infiltrates/edema are present. The overall pattern is likely similar to 11/30/2014, accounting for technical variations.

Impression:

No substantial one day interval improvement in the appearance of the chest

** Electronically Signed by WILLIAM JOHNSON MD **
** on 12/01/2014 at 0800 **
Reported and signed by: WILLIAM JOHNSON, MD

CC:

DATE 12/01/2014 (0800) BY DR JOHN
PRINTED BY: 1208372 DATE 07/31/2015
PAGE 1 Signe - prt

-316-

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1202-0443 REPORT STATUS: Signed
 DATE:12/02/14 TIME: 1706

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PAC, Beretta

AUTHOR: Craft Coffman

Rep SRV DT: 12/02/14

REP SRV TM: 1706

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 6
 Status post: cadaver graft

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/02 1607
B/P	114/74	12/02 1607
Temp	36.9	12/02 1607
Pulse	83	12/02 1607
Resp	22	12/02 1607
O2 Delivery	T Collar	12/02 0905
O2 Flow Rate	10	12/02 0905
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/02 0000	12/01 1200
Intake Total	3576	2238
Output Total	2755	2020
Balance	821	218
Intake, IV	913	270
Intake, Oral	110	360
Intake, Other	480	
Intake, TPN/PPN	888 888	
Intake, Tube Feeding	1185	720
Output, Gastric Drainage	0	
Output, Stool	430	
Output, Urine	2325	2020

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/02/14
 Acct#: G00557360179

Patient Weight	110 kg

General appearance: intubated, sedated

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

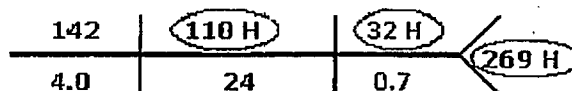
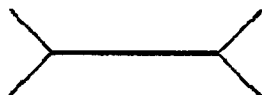
Skin: CAD to torso/BLE/BUE adherent. No hematoma/seroma/shear/loss noted to areas of CAD. 2 areas on the left lower leg have had cadaver removed-bases pale with serosanguinous d/c. No overall s/sx of infection. No acute interval change.

Results

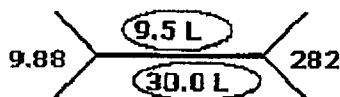
Findings/Data:

Laboratory Tests

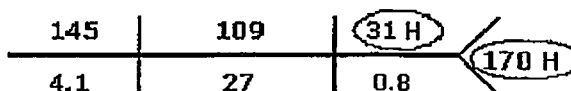
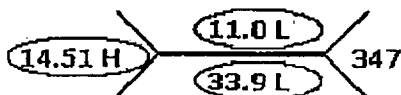
12/02/14 0310:



12/02/14 0310:



12/01/14 0440:



Coagulation:

	12/02 0400
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.7 H
INR	1.12

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/02/14
Acct#: G00557360179

Microbiology:

12/01 1330 CENTRL TIP: Catheter Tip Culture - RES
12/01 0526 BLOOD: Anaerobic Blood Culture - RECD
12/01 0526 BLOOD: Aerobic Blood Culture - RECD
12/01 0510 BLOOD: Anaerobic Blood Culture - RECD
12/01 0510 BLOOD: Aerobic Blood Culture - RECD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue sulfamylon/15g Nystatin soaks to the torso and legs
no surg needed for facial fx currently

Monitor closely

further surgical plans to be determined, likely Thursday

pt seen with Dr Mullins 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 12/02/14 at 1708

Electronically Signed by Mullins, Robert F MD on 12/03/14 at 0756

RPT #: 1202-0443

END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/02/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/02/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001676401 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia.

[
Frontal view the chest is compared to one day prior. Support lines are unchanged. Heart size is stable. Central vasculatures distended. There is increased density at the lung bases. Osseous structures stable.

Impression: Increasing vascular congestion. Other findings stable.

** Electronically Signed by HAROLD HOBBS JR MD **
** on 12/02/2014 at 0858 **
Reported and signed by: HAROLD HOBBS JR, MD

CC:

PRINTED BY: 12/03/2014 (0858) BY: DR. HOBBS
PAGE 1 DATE 07/3/2015
Signe prt

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1203-0349 REPORT STATUS: Signed
 DATE:12/03/14 TIME: 1426

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Hammond PAC, Dena

Rep SRV DT: 12/03/14

REP SRV TM: 1426

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 7

Status post: cadaver graft

Subjective

Patient reports:

able to communicate (Non-verbal).

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
O2 Delivery	T Collar	12/03 1417
O2 Flow Rate	10	12/03 1417
Pulse Ox	100	12/03 1323
B/P	143/67	12/03 1323
Temp	37.5	12/03 1323
Pulse	89	12/03 1323
Resp	20	12/03 1323
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/03 0000	12/02 1200
Intake Total	1935.5	1216
Output Total	2185	1030
Balance	-249.5	186
Intake, IV	497.5	536
Intake, Other	480	
Intake, TPN/PPN	320	
Intake, Tube Feeding	638	680

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/03/14
 Acct#: G00557360179

Output, Gastric Drainage	150	120
Output, Stool	1010	
Output, Urine	1025	910
Patient Weight	110 kg	

General appearance: respiratory support, awake, no acute distress

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

Skin: CAD to torso/BLE/BUE adherent. Slight shear noted L proximal thigh. No hematoma/seroma/loss noted to areas of CAD. 2 areas on the left lower leg have had cadaver removed-bases pale with serosanguinous d/c. No overall s/sx of infection. No acute interval change.

Results

Findings/Data:

Laboratory Tests

12/03/14 0310:

10.00 ~~9.3 L~~ 319

144 ~~111~~

12/02/14 0310:

142 ~~110~~

12/02/14 0310:

9.88 ~~9.5 L~~ 282

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/03/14
Acct#: G00557360179

Microbiology:

12/01 1330 CENTRL TIP: Catheter Tip Culture - RES
12/01 0526 BLOOD: Anaerobic Blood Culture - RES
12/01 0526 BLOOD: Aerobic Blood Culture - RES
12/01 0510 BLOOD: Anaerobic Blood Culture - RES
12/01 0510 BLOOD: Aerobic Blood Culture - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBASA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue sulfamylon/15g Nystatin soaks to the torso and legs
no surg needed for facial fx currently
Monitor closely
OR in am
NPO pMN

pt seen with Dr Mir 99232x2

Electronically Signed by Hammond PAC, Dena on 12/03/14 at 1429

Electronically Signed by Mir, Haaris Saadullah MD on 12/04/14 at 0910

RPT #: 1203-0349

END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/03/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/03/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001676742 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia.

Discussion.

Today's portable chest is compared to the most recent chest x-ray. Allowing for differences in technique there is improved aeration of the lungs bilaterally with residual probable atelectasis. No new infiltrates or effusions. Cardiac silhouette and vascularity are stable. The trachea is midline. There is no pneumothorax. Permanent tracheostomy and left subclavian line are stable.

Impression:
1. Improved aeration of the lungs bilaterally.

** Electronically Signed by EUGENE ARRINGTON MD **
** on 12/03/2014 at 0832 **
Reported and signed by: EUGENE ARRINGTON, MD

CC:

DATE 12/03/2014 (0832) BY DR APPLA
PRINTED BY: 1620372 DATE 07/31/2015
PAGE 1 Signe prt
-324-

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/04/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/04/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001677095 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:

Evaluate for pneumonia.

FINDINGS:

Portable chest demonstrates support devices in stable position. The cardiac silhouette and mediastinum are unchanged. There has been improved aeration of the right lower lobe. No new area consolidation, pneumothorax or pleural effusion.

Impression:

Interval decrease in basilar atelectasis with no new acute finding.

** Electronically Signed by MICHAEL DAVID LONGE MD **
** on 12/04/2014 at 0840 **

Reported and signed by: MICHAEL DAVID LONGE, MD

CC:

DATE 12/04/2014 (0840) BY DR LONGE
PRINTED BY: 11228372 DATE 07/3/2015
PAGE 1

Signe --325-ort

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1205-0396 REPORT STATUS: Signed
 DATE:12/05/14 TIME: 1525

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Craft Coffman

PAC, Beretta

Rep SRV DT: 12/05/14

REP SRV TM: 1525

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1

Status post: cadaver graft, primatrix

Subjective

Comments:

2 areas on abdomen packed daily

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/05 1311
B/P	128/67	12/05 1311
Temp	37.3	12/05 1311
Pulse	109	12/05 1311
Resp	25	12/05 1311
O2 Delivery	T Collar	12/05 0745
O2 Flow Rate	35	12/05 0745
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/05 0000	12/04 1200
Intake Total	2581.25	
Output Total	1700	
Balance	881.25	
Intake, IV	316.25	
Intake, Other	1300	
Intake, TPN/PPN	264	
Intake, Tube Feeding	701	
Output,	50	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/05/14
 Acct#: G00557360179

Estimated Blood Loss	
Output, Gastric Drainage	200
Output, Stool	700
Output, Urine	750
Patient Weight	110 kg

General appearance: intubated, sedated

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

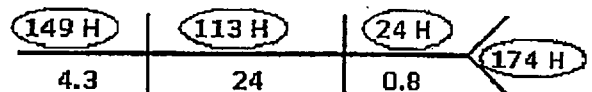
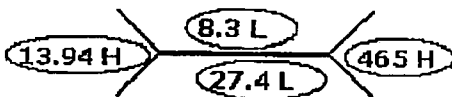
Skin: CAD to BLE/RUE adherent, no odor or drainage. No hematoma/seroma/loss noted to areas of CAD. left hand in exalt. 2 areas on abdomen clean, deep, no fluid collection No overall s/sx of infection. primartix in moist at the present time.

Results

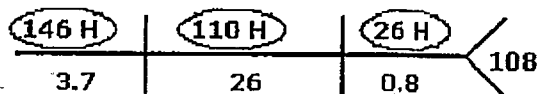
Findings/Data:

Laboratory Tests

12/05/14 0200:

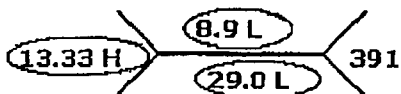


12/04/14 0215:



12/04/14 0215:

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/05/14
 Acct#: G00557360179



Coagulation:

	12/05
	0200
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.7
INR	1.03

Microbiology:

12/04 1646 THIGH: Tissue Culture - RES
 12/04 1646 THIGH: Gram Stain - RES
 12/04 1611 THIGH: Wound Culture - RES
 GRAM NEGATIVE BACILLUS
 12/04 1611 THIGH: Gram Stain - RES

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

	Micro	
GRAM STAIN	Normal RES	12/04/14 1611
WOUND CULTURE	Abnormal RES	12/04/14 1611
GRAM NEGATIVE BACILLUS		
GRAM STAIN	Normal RES	12/04/14 1646
TISSUE CULTURE	Normal RES	12/04/14 1646

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

Patient: LONG, GYLES
Unit#:G000808204
Date: 12/05/14
Acct#:G00557360179

P: Continue ssd soaks to the torso and legs
no surg needed for facial fx currently
Monitor closely
exalt to the arms
f/u on cx

pt seen with Dr Mullins 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 12/05/14 at 1534
Electronically Signed by Mullins, Robert F MD on 12/08/14 at 0825

RPT #: 1205-0396
END OF REPORT

Page 4 of 4

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/05/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/05/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: PNEUM

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001677454 CHEST AP PORT 71010

HISTORY:
Pneumonia

AP chest compared to 12/04/2014 there is developing perihilar infiltrate bilaterally and left-sided central line and tracheostomy tube are in place.

OPINION:
Continued minimal infiltrates in the perihilar areas. Follow-up recommended.

** Electronically Signed by JAMES DAVIS MD on 12/05/2014 at 0804 **
Reported and signed by: JAMES DAVIS, MD

CC:

DATE 12/05/2014 (0804) BY DR DAVIS
PRINTED BY: 12/05/2014
PAGE 1 Signe --330-ort

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1206-0508 REPORT STATUS: Signed
 DATE: 12/06/14 TIME: 2032

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Miller PA, Janice

Rep SRV DT: 12/06/14

REP SRV TM: 2032

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2

Status post: cadaver graft, primatrix

Subjective

Patient reports:

No: able to communicate.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/06 1916
B/P	130/72	12/06 1916
Temp	37.5	12/06 1916
Pulse	101	12/06 1916
Resp	19	12/06 1916
O2 Delivery	T Collar	12/06 0745
O2 Flow Rate	35	12/06 0745
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/06 0000	12/05 1200
Intake Total	2314	1764
Output Total	1480	2750
Balance	834	-986
Intake, IV	350	120
Intake, Other	560	240
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/06/14
 Acct#: G00557360179

Output, Gastric Drainage	250	500
Output, Stool	180	500
Output, Urine	1050	1750
Patient Weight	110 kg	110 kg

General appearance: respiratory support, sedated

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

Skin: CAD to BLE/RUE, exsult adherent, no odor or drainage to lower extr. primatrix on abdomen adherent, moist No hematoma/seroma/loss noted to areas of CAD. left hand in exalt. 2 areas on abdomen clean, deep, no fluid collection No overall s/sx of infection. primatrix in moist at the present time.

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

Micro

Med

Levofloxacin/Dextrose 150 ML IV Q24H | 11/30/14 1330 |

Micro

WOUND CULTURE	Abnormal COMP	12/04/14 1611
STENOTROPHOMONAS (X) MALTOPHIL		
TISSUE CULTURE	Abnormal RES	12/04/14 1646
GRAM NEGATIVE ROD		

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/06/14
Acct#: G00557360179

P: Continue ssd soaks to the torso and legs
no surg needed for facial fx currently
Monitor closely
exalt to the arms

pt seen with Dr hassan 99232x2

Electronically Signed by Miller PA, Janice on 12/06/14 at 2038
Electronically Signed by Hassan, SM Abu Zaheed MD on 12/08/14 at 0818

RPT #: 1206-0508
END OF REPORT

Page 3 of 3

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
3651 Wheeler Road

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/06/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/06/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001677812 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia.

Discussion.

Today's portable chest is compared to the most recent chest x-ray. Allowing for differences in technique with a poor inspiration and motion there is continued perihilar infiltrates. Cardiac silhouette and vascularity are stable. The trachea is midline. There is no pneumothorax. Permanent tracheostomy and left subclavian line are stable. Skin sutures are again noted.

IMPRESSION:.

No significant interval change. Poor inspiration with continued perihilar atelectasis or infiltrates.

** Electronically Signed by EUGENE ARRINGTON MD **
** on 12/06/2014 at 0939 **
Reported and signed by: EUGENE ARRINGTON, MD

CC:

DATE 12/06/2014 (0939) BY DR. ARRINGTON
PRINTED BY: 4420372 DATE 07/31/2015
PAGE 1 Signe

ort
--334-

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1207-0424 REPORT STATUS: Signed
 DATE: 12/07/14 TIME: 1728

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Miller PA, Janice

Rep SRV DT: 12/07/14

REP SRV TM: 1728

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3

Status post: cadaver graft, primatrix

Subjective

Patient reports:

No: able to communicate.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/07 1541
B/P	136/63	12/07 1541
Temp	37.8	12/07 1541
Pulse	110	12/07 1541
Resp	29	12/07 1541
O2 Delivery	T Collar	12/07 0730
O2 Flow Rate	35	12/07 0730
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/07 0000	12/06 1200
Intake Total	2244	1704
Output Total	1950	1950
Balance	294	-246
Intake, IV	310	120
Intake, Other	530	180
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020

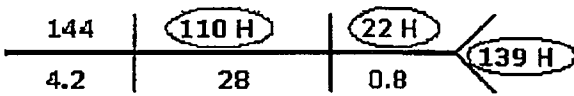
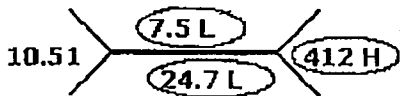
Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/07/14
 Acct#: G00557360179

Output, Gastric Drainage	150	350
Output, Stool	300	400
Output, Urine	1500	1200
Patient Weight		110 kg

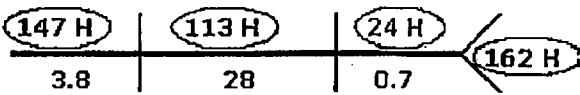
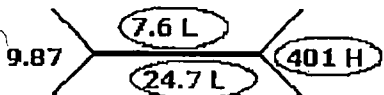
General appearance: awake
Head: atraumatic, normocephalic, scattered areas on the face are healing
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: CAD to BLE/RUE, exsult adherent, no odor or drainage.to lower extr . primatrix on abdomen adherent , moist No hematoma/seroma/loss noted to areas of CAD . left hand in exsult. 2 areas on abdomen clean,deep,no fluid collection No overall s/sx of infection. primatrix in moist at the present time.

Results
Findings/Data:
 Laboratory Tests

12/07/14 0300:



12/06/14 0115:



Treatment & Prophylaxis

Treatment & Prophylaxis
 Foley:

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/07/14
Acct#: G00557360179

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

Micro
Med

[Levofloxacin/Dextrose 150 ML IV Q24H | 11/30/14 1330]

Micro

WOUND CULTURE	Abnormal COMP	12/04/14 1611
STENOTROPHOMONAS (X) MALTOPHIL	Abnormal RES	12/04/14 1646
TISSUE CULTURE		
GRAM NEGATIVE ROD		

P: Continue ssd soaks to the torso and legs/ alt sulfamylon /w nystatin,, except keep ssd slurry abd
no surg needed for facial fx currently
Monitor closely
exalt to the arms

pt seen with Dr hassan 99232x2

Electronically Signed by Miller PA, Janice on 12/07/14 at 1730
Electronically Signed by Hassan, SM Abu Zaheed MD on 12/08/14 at 0820

RPT #: 1207-0424
END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road -

Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959
PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/07/2014
OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/07/2014
MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001677998 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia

Findings: Single frontal views chest obtained 12/07/2014 at 0535 hours demonstrates tracheostomy tube overlying tracheal air shadow above expected position of carina. Numerous surgical clips are present. A left-sided PICC line overlies the mid mediastinum. There is accentuation of the minor fissure. Mild accentuation of vascular markings is noted suggesting congestion. Some perihilar atelectasis/infiltrate is also suggested.

Impression:

Persistent perihilar atelectasis/infiltrate.

Mild vascular congestion.

Heart size appears similar to previous exam

** Electronically Signed by WILLIAM JOHNSON MD **
** on 12/07/2014 at 0959 **

Reported and signed by: WILLIAM JOHNSON, MD

CC:

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1208-0258 REPORT STATUS: Signed
 DATE: 12/08/14 TIME: 1228

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PAC, Beretta

AUTHOR: Craft Coffman

Rep SRV DT: 12/08/14

REP SRV TM: 1228

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 4

Status post: cadaver graft, PRIMATRIX

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/08 1206
B/P	146/63	12/08 1206
Temp	37.2	12/08 1206
Pulse	95	12/08 1206
Resp	17	12/08 1206
O2 Delivery	T Collar	12/08 0400
O2 Flow Rate	10	12/08 0000
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/08 0000	12/07 1200
Intake Total	2174	1704
Output Total	2750	1725
Balance	-576	-21
Intake, IV	270	120
Intake, Other	500	180
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Output, Gastric Drainage	650	275
Output, Stool	150	200
Output, Urine	1950	1250
Patient		110 kg

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/08/14
 Acct#: G00557360179

Weight _____

General appearance: alert (?HEARIND), awake

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

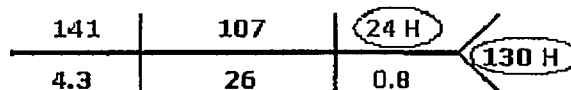
Skin: CAD to BLE IS ADHERENT TO ALL AREAS, exsult adherent TO THE BUE. no odor or drainage to lower extr. primatrix on abdomen adherent, moist WITH SOME MASSERATION. No hematoma/seroma/loss noted to areas of CAD 2 areas on abdomen clean, deep, no fluid collection No overall s/sx of infection.

Results

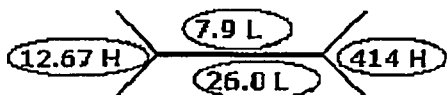
Findings/Data:

Laboratory Tests

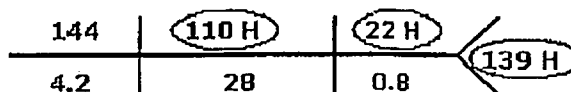
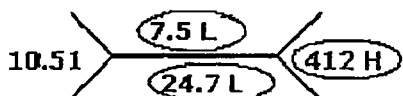
12/08/14 0210:



12/08/14 0210:



12/07/14 0300:



Coagulation:

	12/08
	0210
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.4
INR	1.00

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/08/14
 Acct#: G00557360179

Med
 Levofloxacin/Dextrose 150 ML IV Q24H | 11/30/14 1330 |

Micro	
GRAM STAIN	Normal COMP 12/04/14 1611
WOUND CULTURE	Abnormal COMP 12/04/14 1611
STENOTROPHOMONAS (X) MALTOPHIL	
GRAM STAIN	Normal COMP 12/04/14 1646
TISSUE CULTURE	Abnormal COMP 12/04/14 1646
STENOTROPHOMONAS (X) MALTOPHIL	
Vitals	

Temperature 37.3 12/08/14 0406
Temperature 37.2 12/08/14 0436
Temperature 37.1 12/08/14 0506
Temperature 37.2 12/08/14 0536
Temperature 37.3 12/08/14 0606
Temperature 37.3 12/08/14 0636
Temperature 37.2 12/08/14 0706
Temperature 37.3 12/08/14 1006
Temperature 37.2 12/08/14 1206

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks to the torso and legs/ alt sulfamylon /w nystatin, except keep ssd
 slurry abd
 no surg needed for facial fx currently

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/08/14
Acct#: G00557360179

Monitor closely
exalt to the arms, CHANGE IN THE AM
FOLLOW UP ON THE ABILITY TO HEAR AS PATIENT BECOMES MORE ORIENTED
pt seen with Dr. mULLINS- 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 12/08/14 at 1239
Electronically Signed by Mullins, Robert F MD on 12/08/14 at 1306

RPT #: 1208-0258
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1208-0482 REPORT STATUS: Signed
 DATE:12/08/14 TIME: 1721

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Shaver MD, Joseph R

Rep SRV DT: 12/08/14

REP SRV TM: 1721

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Patient for further grafting needed. He is interactive but not consistently.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	12/08 1536
B/P	135/60	12/08 1536
Temp	36.9	12/08 1536
Pulse	94	12/08 1536
Resp	20	12/08 1536
O2 Delivery	T Collar	12/08 0926
O2 Flow Rate	8	12/08 0926
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/08 0700	12/07 1900
Intake Total	1704	2174
Output Total	2150	2750
Balance	-446	-576
Intake, IV	504	270
Intake, Oral	180	
Intake, Other		500
Intake, TPN/PPN		384
Intake, Tube Feeding	1020	1020
Output, Gastric Drainage	350	650

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/08/14
 Acct#: G00557360179

Output, Stool	300	150
Output, Urine	1500	1950
Patient Weight	110 kg	

Post-op: day 4
 Status post:
 excision/temp grafting
 Antibiotics: day 1, levaquin

Physical Exam

General appearance: awake
 Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
 ENT: moist mucosal membranes
 Neck: decreased range of motion, tracheostomy
 Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
 Respiratory: decreased breath sounds, rales, rhonchi
 Abdomen: soft, non-tender, normal bowel sounds
 Genitourinary: foley
 Extremities: decreased range of motion
 Musculoskeletal decreased ROM
 Neuro/CNS: altered mental status
 Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/08 1523	12/08 1155	12/08 0744	12/08 0427	12/08 0215
Chemistry					
POC Glucose (70 - 110 MG/DL)	140 H	144 H	122 H	131 H	
Lactic Acid (0.4 - 2.0 MMOL/L)					0.7

	12/08 0210	12/08 0210	12/08 0014	12/07 1932	12/07 1612
Chemistry					
Sodium (136 - 145 MMOL/L)	141				
Potassium (3.5 - 5.1 MMOL/L)	4.3				
Chloride (99 - 109 MMOL/L)	107				

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/08/14
Acct#: G00557360179

Carbon Dioxide (21 - 32 MMOL/L)	26				
Anion Gap (9 - 18 MMOL/L)	12				
BUN (7 - 21 MG/DL)	24 H				
Creatinine (0.5 - 1.4 MG/DL)	0.8				
Est GFR (African Amer) (>60)	> 60				
Est GFR (Non-Af Amer) (>60)	> 60				
BUN/Creatinine Ratio (11.0 - 18.0)	30.0 H				
Glucose (70 - 110 MG/DL)	130 H				
POC Glucose (70 - 110 MG/DL)			175 H	135 H	182 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.09 L				
Phosphorus (2.3 - 4.5 MG/DL)	3.6				
Magnesium (1.5 - 2.4 MG/DL)	1.9				
Total Bilirubin (0.20 - 1.00 MG/DL)		0.90			
AST (15 - 37 UNITS/L)		262 H			
Alkaline Phosphatase (50 - 136 UNITS/L)		132			
Creatine Kinase (39 - 308 UNITS/L)	23 L				
Lipase (73 - 393 UNITS/L)		843 H			
Coagulation					
PT (9.3 - 11.3 SECONDS)		10.4			
INR		1.00			
Fibrinogen (200 - 400 MG/DL)		698 H			
Hematology					
WBC (4.0 - 11.0 THOUS/uL)		12.67 H			
RBC (4.30 - 5.80 MIL/uL)		2.58 L			
Hgb (13.0 - 17.3 GM/DL)		7.9 L			
Hct (38.0 - 52.0 %)		26.0 L			
MCV (80.0 - 98.0 FL)		100.8 H			
MCH (27.0 - 34.0 PG)		30.6			
MCHC (31.5 - 36.5 G/DL)		30.4 L			
Plt Count (140 - 400 THOUS/uL)		414 H			
Band Neutrophils % (0 - 5 %)		7.0 H			
Segmented Neutrophils (40 - 65)		73.7 H			
Lymphocytes (20 - 40)		14.0 L			
Monocytes (2 - 8)		3.5			
Eosinophils (0 - 4)		0.9			
Metamyelocytes (0 - 0)		0.9 H			
Toxic Granulation		SLIGHT			
Polychromasia		MARKED			
Hypochromasia		NORMAL			
Poikilocytosis		NORMAL			
Anisocytosis		SLIGHT			
Microcytosis		NORMAL			

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/08/14
Acct#: G00557360179

Macrocytosis		SLIGHT			
	12/07 1159	12/07 0747	12/07 0459	12/07 0300	12/07 0300
Chemistry					
Sodium (136 - 145 MMOL/L)					144
Potassium (3.5 - 5.1 MMOL/L)					4.2
Chloride (99 - 109 MMOL/L)					110 H
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					10
BUN (7 - 21 MG/DL)					22 H
Creatinine (0.5 - 1.4 MG/DL)					0.8
Est GFR (African Amer) (> 60)				> 60	
Est GFR (Non-Af Amer) (> 60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)					27.5 H
Glucose (70 - 110 MG/DL)					139 H
POC Glucose (70 - 110 MG/DL)	153 H	152 H	163 H		
Lactic Acid (0.4 - 2.0 MMOL/L)				0.8	
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.11 L
Phosphorus (2.3 - 4.5 MG/DL)					3.5
Magnesium (1.5 - 2.4 MG/DL)					1.8
Lipase (73 - 393 UNITS/L)					827 H
Hematology					
WBC (4.0 - 11.0 THOUS/uL)					10.51
RBC (4.30 - 5.80 MIL/uL)					2.51 L
Hgb (13.0 - 17.3 GM/DL)					7.5 L
Hct (38.0 - 52.0 %)					24.7 L
MCV (80.0 - 98.0 FL)					98.4 H
MCH (27.0 - 34.0 PG)					29.9
MCHC (31.5 - 36.5 G/DL)					30.4 L
Plt Count (140 - 400 THOUS/uL)					412 H
Band Neutrophils % (0 - 5 %)					2.6
Segmented Neutrophils (40 - 65)					78.1 H
Lymphocytes (20 - 40)					12.3 L
Monocytes (2 - 8)					6.1
Eosinophils (0 - 4)					0.9
Nucleated RBCs (0 - 0)					0.9 H
Polychromasia					SLIGHT
Hypochromasia					SLIGHT
Poikilocytosis					NORMAL
Anisocytosis					SLIGHT
Microcytosis					NORMAL

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/08/14
 Acct#: G00557360179

Macrocytosis				SLIGHT

	12/07 0101	12/06 1958
Chemistry		
POC Glucose (70 - 110 MG/DL)	171 H	160 H

Recent Impressions:

RADIOLOGY - CHEST AP PORT 12/07 0515

*** Report Impression - Status: SIGNED Entered: 12/07/2014 1003

Impression:

Persistent perihilar atelectasis/infiltrate.

Mild vascular congestion.

Heart size appears similar to previous exam

Impression By: JOHWI - WILLIAM JOHNSON, MD

Laboratory Tests

	12/08 1523	12/08 1155	12/08 0744	12/08 0427	12/08 0215
Chemistry					
POC Glucose (70 - 110 MG/DL)	140 H	144 H	122 H	131 H	
Lactic Acid (0.4 - 2.0 MMOL/L)					0.7

	12/08 0210	12/08 0210	12/08 0014	12/07 1932
Chemistry				
Sodium (136 - 145 MMOL/L)	141			
Potassium (3.5 - 5.1 MMOL/L)	4.3			
Chloride (99 - 109 MMOL/L)	107			
Carbon Dioxide (21 - 32 MMOL/L)	26			
Anion Gap (9 - 18 MMOL/L)	12			
BUN (7 - 21 MG/DL)	24 H			
Creatinine (0.5 - 1.4 MG/DL)	0.8			
Est GFR (African Amer) (> 60)	> 60			
Est GFR (Non-Af Amer) (> 60)	> 60			
BUN/Creatinine Ratio (11.0 - 18.0)	30.0 H			
Glucose (70 - 110 MG/DL)	130 H			

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/08/14
 Acct#: G00557360179

POC Glucose (70 - 110 MG/DL)		175 H	135 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.09 L		
Phosphorus (2.3 - 4.5 MG/DL)	3.6		
Magnesium (1.5 - 2.4 MG/DL)	1.9		
Total Bilirubin (0.20 - 1.00 MG/DL)	0.90		
AST (15 - 37 UNITS/L)	262 H		
Alkaline Phosphatase (50 - 136 UNITS/L)	132		
Creatine Kinase (39 - 308 UNITS/L)	23 L		
Lipase (73 - 393 UNITS/L)	843 H		

Laboratory Tests

	12/08 0210
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.4
INR	1.00
Fibrinogen (200 - 400 MG/DL)	698 H

Laboratory Tests

	12/08 0210
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	12.67 H
RBC (4.30 - 5.80 MIL/uL)	2.58 L
Hgb (13.0 - 17.3 GM/DL)	7.9 L
Hct (38.0 - 52.0 %)	26.0 L
MCV (80.0 - 98.0 FL)	100.8 H
MCH (27.0 - 34.0 PG)	30.6
MCHC (31.5 - 36.5 G/DL)	30.4 L
Plt Count (140 - 400 THOUS/uL)	414 H
Band Neutrophils % (0 - 5 %)	7.0 H
Segmented Neutrophils (40 - 65)	73.7 H
Lymphocytes (20 - 40)	14.0 L
Monocytes (2 - 8)	3.5
Eosinophils (0 - 4)	0.9
Metamyelocytes (0 - 0)	0.9 H
Toxic Granulation	SLIGHT
Polychromasia	MARKED
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL

Patient: LONG, GYLES
Unit#:G000808204
Date: 12/08/14
Acct#:G00557360179

Macrocytosis	SLIGHT

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement.

Burns-25-30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved,suspect wound infection, highly contaminated on arrival.Currently on Zosyn for skin/sinus-fx coverage. Bronch with RLL infiltrate Cepacia-spec. Levaquin added for pulmonary coverage.Would treat for another 48 hours then consider bronch.for surviellence cultures.

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavengering. CT of abdomen nonspecific small ascites.

GU:Hypertoncity improved with D5 in vits. Adjust to 1/2NS. Lytes stable follow. Remains ++ on I/O additional diuresis today.

CV: No significant cardiac issues at the present, weaned off levophed on admission after albumin infusion, substanial pressor requirements on admission suspect stun myocardium, has been off pressors since admission with no new issues.

Pulm:Acute respiratory failure, pulmonary contusion on admission. Improving. On

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/08/14
Acct#: G00557360179

Solumdrol infusion. Begin to taper. Have been able to wean. Tolerating tcollar secretions minimal. Bronch with GNR +3, some clincial improvement, Cepacia with sensitivities to Levaquin. Aveolar lavage very hemorrhagic. Has been tolerating tcollar, will continue as tolerated all times.

Heme: Mild coagulopathy, no significant bleeding at this time, stable, no indicaitons for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precedex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics. ++ draingage both ears inner ear effusions on CT highly contaminated on arrival, less malodorous remains on Ciprodex. Appreciate Dr. Whitehouse following. Vision seems to be affected by the injury.

Lines: CL (11)/), no evid of infection. Monitor. Would like to d/c CL and obtain PICC, hopefully we can d/c aline next day or two.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 28 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver MD, Joseph R on 12/08/14 at 1732

RPT #: 1208-0482
END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30909
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/08/2014

OD PHYSICIAN: Friedman MD, Bruce ADM: 11/21/2014 ORDERED: 12/08/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pneum

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001678207 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pneumonia

AP chest

Tracheostomy tube noted. Heart is borderline in size. The lung zones are clear. There is no definite acute or active change in the chest compared to 12/07/2014 there is no interval change.

OPINION:
Stable chest. Minimal discoid atelectatic change

** Electronically Signed by JAMES DAVIS MD on 12/08/2014 at 0803 **
Reported and signed by: JAMES DAVIS, MD

CC:

PRINTED BY: 12/08/2014 (0803) BY: JAMES DAVIS
PAGE 1

Signe --351--rt

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)

Burn Progress Note

REPORT#: 1209-0424 REPORT STATUS: Signed

DATE: 12/09/14 TIME: 1614

PATIENT: LONG, GYLES

ACCOUNT#: G00557360179

AGE: 55 SEX: M

MD

ADM DT: 11/21/14

PAC, Beretta

Rep SRV DT: 12/09/14

UNIT #: G000808204

ROOM/BED: G.BU10-1

ATTEND: Mullins, Robert F

AUTHOR: Craft Coffman

REP SRV TM: 1614

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 5

Status post: cadaver graft, PRIMATRIX

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/09 1406
B/P	154/67	12/09 1406
Temp	37.5	12/09 1406
Pulse	99	12/09 1406
Resp	24	12/09 1406
O2 Delivery	T Collar	12/09 0912
O2 Flow Rate	35	12/09 0912
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/09 0700	12/08 1900
Intake Total	1944	2819
Output Total	1850	1525
Balance	94	1294
Intake, IV	120	255
Intake, Other	420	360
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant		800
Output, Gastric Drainage	650	100
Output, Stool		200

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/09/14
 Acct#: G00557360179

Output, Urine	1200	1225
Patient Weight		110 kg

General appearance: awake

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

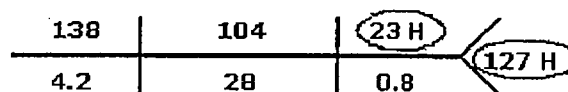
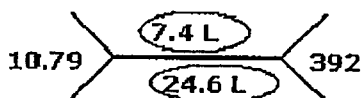
Skin: dressing dry and intact

Results

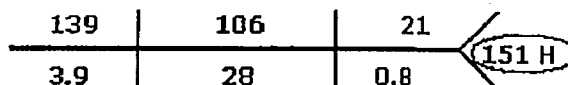
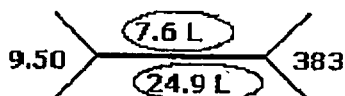
Findings/Data:

Laboratory Tests

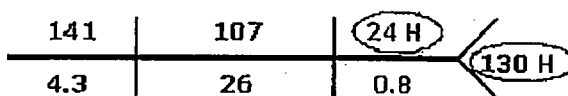
12/09/14 0225:



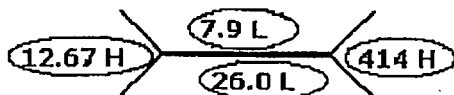
12/08/14 2050:



12/08/14 0210:



12/08/14 0210:



Patient: LONG, GYLES
Unit#: G000808204
Date: 12/09/14
Acct#: G00557360179

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks to the torso and legs/ alt sulfamylon /w nystatin, except keep ssd
slurry to the abdomen

change out bridal veil to conformant

no surg needed for facial fx currently

Monitor closely

exalt to the arms, CHANGE IN THE AM

FOLLOW UP ON THE ABILITY TO HEAR AS PATIENT BECOMES MORE ORIENTED

pt seen with Dr. mULLINS- 99232x2

Electronically Signed by Craft Coffman PAC, Beretta on 12/09/14 at 1616

Electronically Signed by Mullins, Robert F MD on 12/10/14 at 0800

RPT #: 1209-0424

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#: 1209-0507 REPORT STATUS: Signed
 DATE: 12/09/14 TIME: 1752

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Shaver MD, Joseph R

Rep SRV DT: 12/09/14

REP SRV TM: 1752

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Patient remains on trach collar. secretions remain thicker today and with some change in coloration.. Still intermittantly interactive appropriately.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	98	12/09 1622
B/P	146/65	12/09 1622
Temp	37.1	12/09 1622
Pulse	101	12/09 1622
Resp	21	12/09 1622
O2 Delivery	T Collar	12/09 0912
O2 Flow Rate	35	12/09 0912
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/09 0700	12/08 1900
Intake Total	1944	2819
Output Total	1850	1525
Balance	94	1294
Intake, IV	120	255
Intake, Other	420	360
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant		800

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/09/14
Acct#: G00557360179

Output, Gastric Drainage	650	100
Output, Stool		200
Output, Urine	1200	1225
Patient Weight		110 kg

Post-op: day 5
Status post:
excision/temp grafting
Antibiotics: day 2

Physical Exam

General appearance: awake, as above
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion, tracheostomy
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal decreased ROM
Neuro/CNS: altered mental status
Skin: dry, abnormal color

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/09/14
Acct#: G00557360179

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, 25-30% involvement.

Burns-25-30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID: Leukocytosis resolved, suspect wound infection, highly contaminated on arrival. Currently on Zosyn for skin/sinus-fx coverage. Bronch with RLL infiltrate Cepacia-spec. Levaquin added for pulmonary coverage. Would treat for another 48 hours then consider bronch. for surveillance cultures. If secretions remain as thick will plan for bronchoscopy for both diagnostic and therapeutic reasons.

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable.

CV: No arrhythmia's

Pulm: Acute respiratory failure, pulmonary contusion on admission. Improving. On Solumdrol infusion. Begin to taper. Have been able to wean. Tolerating tcollar secretions minimal. Bronch with GNR +3, some clinical improvement, Cepacia with sensitivities to Levaquin. Alveolar lavage very hemorrhagic. Has been tolerating tcollar, will continue as tolerated all times.

Heme: Mild coagulopathy, no significant bleeding at this time, stable, no indications for tx. Follow post op labs.

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Agitation improved, continue precdex infusion, no adjustments in meds. Psychosis appears well controlled. Concerns of CHI, secondary to blast.

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics remains on Ciprodex.

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/09/14
Acct#: G00557360179

Appreciate Dr. Whitehouse following. Vision seems to be affected by the injury.

Lines: CL (11)/), no evid of infection. Monitor. Would like to d/c CL and obtain PICC

Will need referral to closed head injury facility once completed with grafting. Will discuss with dr. Mullins tomorrow what further surgical plans there are and timing

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 25 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver MD, Joseph R on 12/09/14 at 1802

RPT #: 1209-0507
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1210-0653 REPORT STATUS: Signed
 DATE:12/10/14 TIME: 2046

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/10/14

AUTHOR:

REP SRV TM: 2046

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 6

Status post: cadaver graft, PRIMATRIX

Objective

VS/I&O:

Last Documented:

	Result	Date Time
O2 Delivery	T Collar	12/10 2015
O2 Flow Rate	10	12/10 2015
Pulse Ox	100	12/10 1757
B/P	138/68	12/10 1757
Temp	36.8	12/10 1757
Pulse	103	12/10 1757
Resp	20	12/10 1757
FI O2	50	11/30 1156

24 hour I&O ending at 0700:

	12/10 0700	12/09 1900
Intake Total	1704	2759
Output Total	1825	2550
Balance	-121	209
Intake, IV	120	195
Intake, Other	180	360
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant		800
Output, Gastric Drainage	175	250
Output, Stool	200	1000

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/10/14
Acct#: G00557360179

Output, Urine	1450	1300
Patient Weight	110 kg	

General appearance: awake
Head: atraumatic, normocephalic, scattered areas on the face are healing
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: cadaver is adherent, primatrix is masserated

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks to the torso and legs/ alt sulfamylon /w nystatin, except keep ssd slurry to the abdomen

no surg needed for facial fx currently

Monitor closely

redress arms in exalt

pt seen with Dr. MULLINS- 99232x2

Electronically Signed by Craft-Coffman, Beretta V PA on 12/11/14 at 1749

Electronically Signed by Mullins, Robert F MD on 12/12/14 at 0804

RPT #: 1210-0653

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1210-0380 REPORT STATUS: Signed
 DATE:12/10/14 TIME: 1350

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/10/14 REP SRV TM: 1350
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Patient with continued very thick secretions. He is very interactive today. and responds to questioning appropriately.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	12/10 0857
B/P	115/59	12/10 0857
Temp	37.1	12/10 0857
Pulse	92	12/10 0857
Resp	26	12/10 0857
O2 Delivery	T Collar	12/10 0730
O2 Flow Rate	30	12/10 0730
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/10 0700	12/09 1900
Intake Total	1704	2759
Output Total	1825	2550
Balance	-121	209
Intake, IV	120	195
Intake, Other	180	360
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant		800
Output,	175	250

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/10/14
 Acct#: G00557360179

Gastric Drainage		
Output, Stool	200	1000
Output, Urine	1450	1300
Patient Weight		110 kg

Post-op: day 6
 Status post:
 excision/temp grafting
 Antibiotics: day 2, day 3

Physical Exam

General appearance: awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/10 1221	12/10 0802	12/10 0359	12/10 0350	12/10 0350
Chemistry					
Sodium (136 - 145 MMOL/L)					135 L
Potassium (3.5 - 5.1 MMOL/L)					3.8
Chloride (99 - 109 MMOL/L)					101
Carbon Dioxide (21 - 32 MMOL/L)					27
Anion Gap (9 - 18 MMOL/L)					11
BUN (7 - 21 MG/DL)					21

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/10/14
Acct#: G00557360179

Creatinine (0.5 - 1.4 MG/DL)				0.7
Est GFR (African Amer) (> 60)				> 60
Est GFR (Non-Af Amer) (> 60)				> 60
BUN/Creatinine Ratio (11.0 - 18.0)				30.0 H
Glucose (70 - 110 MG/DL)				150 H
POC Glucose (70 - 110 MG/DL)	175 H	163 H	134 H	
Lactic Acid (0.4 - 2.0 MMOL/L)				0.7
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.11 L
Phosphorus (2.3 - 4.5 MG/DL)				3.1
Magnesium (1.5 - 2.4 MG/DL)				1.9
Hematology				
WBC (4.0 - 11.0 THOUS/uL)				8.17
RBC (4.30 - 5.80 MIL/uL)				2.56 L
Hgb (13.0 - 17.3 GM/DL)				7.6 L
Hct (38.0 - 52.0 %)				24.9 L
MCV (80.0 - 98.0 FL)				97.3
MCH (27.0 - 34.0 PG)				29.7
MCHC (31.5 - 36.5 G/DL)				30.5 L
Plt Count (140 - 400 THOUS/uL)				358
Band Neutrophils % (0 - 5 %)				2.6
Segmented Neutrophils (40 - 65)				67.0 H
Lymphocytes (20 - 40)				21.7
Monocytes (2 - 8)				2.6
Eosinophils (0 - 4)				0.9
Basophils (0 - 2)				3.5 H
Myelocytes (0 - 0)				0.9 H
Promyelocytes (0 - 0)				0.9 H
Polychromasia				MARKED
Hypochromasia				NORMAL
Poikilocytosis				NORMAL
Anisocytosis				SLIGHT
Microcytosis				NORMAL
Macrocytosis				NORMAL

	12/09	12/09	12/09	12/09	12/09
	2348	2005	1614	1108	0757
Chemistry					
POC Glucose (70 - 110 MG/DL)	179 H	162 H	137 H	158 H	152 H
	12/09	12/09	12/09	12/09	12/09
	0400	0358	0225	0225	0225
Chemistry					

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/10/14
 Acct#: G00557360179

POC Glucose (70 - 110 MG/DL)	108	
Ammonia (11 - 32 uMOL/L)		40 H
Creatine Kinase (39 - 308 UNITS/L)	19 L	
CK-MB (CK-2) (0.0 - 3.6 NG/ML)	< 0.5	
CK-MB (CK-2) Rel Index (<4.1)	TNP	
Troponin I (0.00 - 0.056 NG/ML)		< 0.017
Amylase (25 - 115 UNITS/L)		187 H
Lipase (73 - 393 UNITS/L)		664 H

	12/09 0225	12/09 0011	12/08 2050	12/08 2050	12/08 1958
Chemistry					
Sodium (136 - 145 MMOL/L)	138			139	
Potassium (3.5 - 5.1 MMOL/L)	4.2			3.9	
Chloride (99 - 109 MMOL/L)	104			106	
Carbon Dioxide (21 - 32 MMOL/L)	28			28	
Anion Gap (9 - 18 MMOL/L)	10			9	
BUN (7 - 21 MG/DL)	23 H			21	
Creatinine (0.5 - 1.4 MG/DL)	0.8			0.8	
Est GFR (African Amer) (> 60)	> 60			> 60	
Est GFR (Non-Af Amer) (> 60)	> 60			> 60	
BUN/Creatinine Ratio (11.0 - 18.0)	28.8 H			26.2 H	
Glucose (70 - 110 MG/DL)	127 H			151 H	
POC Glucose (70 - 110 MG/DL)		156 H			157 H
Calcium (8.5 - 10.5 MG/DL)	8.4 L			8.4 L	
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.11 L			1.13	
Phosphorus (2.3 - 4.5 MG/DL)	3.3			3.2	
Magnesium (1.5 - 2.4 MG/DL)	1.9			1.9	
Iron (60 - 170 MCG/DL)				24 L	
TIBC (260 - 400 MCG/DL)				192 L	
Iron Saturation (20 - 55 % (CALC))				13 L	
Unsaturated IBC (141 - 366 MCG/DL)				168	
Ferritin (22 - 322 NG/ML)				2139 H	
Total Bilirubin (0.20 - 1.00 MG/DL)	0.70			0.70	
GGT (5 - 85 UNITS/L)	258 H			238 H	
AST (15 - 37 UNITS/L)	341 H			243 H	
ALT (12 - 78 UNITS/L)	614 H			501 H	
Alkaline Phosphatase (50 - 136 UNITS/L)	129			128	
Lactate Dehydrogenase (85 - 227 UNITS/L)	340 H			255 H	
Creatine Kinase (39 - 308 UNITS/L)			19 L		
CK-MB (CK-2) (0.0 - 3.6 NG/ML)			0.7		
CK-MB (CK-2) Rel Index (<4.1)			3.6		

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/10/14
 Acct#: G00557360179

Troponin I (0.00 - 0.056 NG/ML)		< 0.017	
C-React Prot High Sens (0.0 - 0.3 mg/dl)	10.500 H		
B-Natriuretic Peptide (0 - 100 PG/ML)		11	
Total Protein (6.4 - 8.2 GM/DL)	7.1	7.0	
Albumin (3.4 - 5.0 GM/DL)	1.8 L	1.8 L	
Globulin (1.5 - 3.8 GM/DL)	5.3 H	5.2 H	
Albumin/Globulin Ratio (1.0 - 2.2)	0.3 L	0.3 L	
TSH (0.44 - 4.47)		0.60	
Hematology			
WBC (4.0 - 11.0 THOUS/uL)	10.79	9.50	
RBC (4.30 - 5.80 MIL/uL)	2.51 L	2.53 L	
Hgb (13.0 - 17.3 GM/DL)	7.4 L	7.6 L	
Hct (38.0 - 52.0 %)	24.6 L	24.9 L	
MCV (80.0 - 98.0 FL)	98.0	98.4 H	
MCH (27.0 - 34.0 PG)	29.5	30.0	
MCHC (31.5 - 36.5 G/DL)	30.1 L	30.5 L	
Plt Count (140 - 400 THOUS/uL)	392	383	
Band Neutrophils % (0 - 5 %)	6.9 H	2.6	
Segmented Neutrophils (40 - 65)	75.0 H	80.0 H	
Lymphocytes (20 - 40)	14.7 L	13.0 L	
Monocytes (2 - 8)	2.6	3.5	
Eosinophils (0 - 4)	0.9	0.9	
Vacuolated Neuts	NOTED		
Toxic Granulation	SLIGHT	SLIGHT	
Polychromasia	SLIGHT	SLIGHT	
Hypochromasia	SLIGHT	NORMAL	
Poikilocytosis	SLIGHT	NORMAL	
Anisocytosis	MODERATE	SLIGHT	
Microcytosis	NORMAL	NORMAL	
Macrocytosis	NORMAL	SLIGHT	
ESR (0 - 20 MM/HR)	130 H		
Retic Count (0.5 - 1.5 %)		6.05 H	
Immunology			
IgG (700 - 1600 mg/dL)		1360	
IgA (70 - 400 mg/dL)		463.0 H	
Serology			
HSV I&II IgG Ab (<0.9 INDEX)		3.3 H	

	12/08
	1523
Chemistry	
POC Glucose (70 - 110 MG/DL)	140 H

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/10/14
 Acct#: G00557360179

Microbiology:

Date/Time Source	Procedure - Status Growth
12/10 UNK BRON WASH	Virus Culture Special Information - COLB
12/10 UNK BRON WASH	Viral Culture - COLB
12/10 UNK BRON WASH	Fungal Culture - COLB
12/10 UNK BRON WASH	Fungal Smear - COLB
12/10 UNK BRO. BRUSH	Bronchial Brush Culture - COLB
12/10 UNK BRO. BRUSH	Gram Stain - COLB

Laboratory Tests

	12/10 1221	12/10 0802	12/10 0359	12/10 0350	12/10 0350
Chemistry					
Sodium (136 - 145 MMOL/L)					135 L
Potassium (3.5 - 5.1 MMOL/L)					3.8
Chloride (99 - 109 MMOL/L)					101
Carbon Dioxide (21 - 32 MMOL/L)					27
Anion Gap (9 - 18 MMOL/L)					11
BUN (7 - 21 MG/DL)					21
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					30.0 H
Glucose (70 - 110 MG/DL)					150 H
POC Glucose (70 - 110 MG/DL)	175 H	163 H	134 H		
Lactic Acid (0.4 - 2.0 MMOL/L)				0.7	
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.11 L
Phosphorus (2.3 - 4.5 MG/DL)					3.1
Magnesium (1.5 - 2.4 MG/DL)					1.9

	12/09 2348	12/09 2005	12/09 1614
Chemistry			
POC Glucose (70 - 110 MG/DL)	179 H	162 H	137 H

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/10/14
 Acct#: G00557360179

Laboratory Tests

	12/10 0350
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	8.17
RBC (4.30 - 5.80 MIL/uL)	2.56 L
Hgb (13.0 - 17.3 GMDL)	7.6 L
Hct (38.0 - 52.0 %)	24.9 L
MCV (80.0 - 98.0 FL)	97.3
MCH (27.0 - 34.0 PG)	29.7
MCHC (31.5 - 36.5 G/DL)	30.5 L
Plt Count (140 - 400 THOUS/uL)	358
Band Neutrophils % (0 - 5 %)	2.6
Segmented Neutrophils (40 - 65)	67.0 H
Lymphocytes (20 - 40)	21.7
Monocytes (2 - 8)	2.6
Eosinophils (0 - 4)	0.9
Basophils (0 - 2)	3.5 H
Myelocytes (0 - 0)	0.9 H
Promyelocytes (0 - 0)	0.9 H
Polychromasia	MARKED
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	NORMAL

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/10/14
Acct#: G00557360179

TPN: Yes
Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved, suspect wound infection, highly contaminated on arrival. Currently .If secretions remain as thick will plan for bronchoscopy for both diagnostic and therapeutic reasons. Bronchoscopy today.

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU:Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .

CV: No arrhythmia's

Pulm:Secretions thick for bronchoscopy today. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 7.6 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased

END:glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT:Facial fx, non displaced, no surgical plans per plastics remains on Ciprodex. Appreciate Dr. Whitehouse following.

Lines:CL (11)/), no evid of infection. Monitor. and obtain PICC.

Will need referral to closed head injury facility once completed with grafting. Will discuss

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/10/14
Acct#: G00557360179

with dr. Mullins tomorrow what further surgical plans there are and timing

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 33 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/10/14 at 1402

RPT #: 1210-0380
END OF REPORT

Page 9 of 9

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1211-0594 REPORT STATUS: Signed
 DATE:12/11/14 TIME: 1750

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/11/14

AUTHOR:

REP SRV TM: 1750

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 7

Status post: cadaver graft, PRIMATRIX

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/11 1625
B/P	126/67	12/11 1625
Temp	37.1	12/11 1625
Pulse	119	12/11 1625
Resp	34	12/11 1625
O2 Delivery	T Collar	12/11 0720
O2 Flow Rate	35	12/11 0720
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/11 0700	12/10 1900
Intake Total	2204	1524
Output Total	2400	1900
Balance	-196	-376
Intake, IV	120	120
Intake, Other	180	
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant	500	
Number Bowel Movements		1
Number		0

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/11/14
Acct#: G00557360179

Emeses		
Number Voids		1
Output, Gastric Drainage	100	
Output, Stool	650	600
Output, Urine	1650	1300

General appearance: awake

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

Skin: dressing dry and intact, exposed bone to the tibia on the right lower leg

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p CAD BUE/Torso/BLE

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks to the torso and legs/ alt sulfamylon /w nystatin, except keep ssd slurry to the abdomen

OR in the am for d and G

no surg needed for facial fx currently

pt seen with Dr. MULLINS- 99232x2

Dr. Mir to perform muscle flap for coverage of the bone right leg

need to obtain consent for this procedure

NPO after midnight

Electronically Signed by Craft-Coffman, Beretta V PA on 12/11/14 at 1753

Electronically Signed by Mullins, Robert F MD on 12/12/14 at 0805

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/11/14
Acct#: G00557360179

RPT #: 1211-0594
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1211-0386 REPORT STATUS: Signed
 DATE:12/11/14 TIME: 1344

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/11/14

REP SRV TM: 1344

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Remains on trach collar. With continued increased secretions but clearer. Tube feeds continue. For possible speech therapy eval today.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Resp	19	12/11 1243
Pulse Ox	95	12/11-0957
B/P	118/56	12/11 0957
Pulse	103	12/11 0957
Temp	36.8	12/11 0857
O2 Delivery	T Collar	12/11 0720
O2 Flow Rate	35	12/11 0720
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/11 0700	12/10 1900
Intake Total	2204	1524
Output Total	2400	1900
Balance	-196	-376
Intake, IV	120	120
Intake, Other	180	
Intake, TPN/PPN	384	384
Intake, Tube Feeding	1020	1020
Intake, Tube Irrigant	500	
Number		1

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/11/14
 Acct#: G00557360179

Bowel Movements		
Number Emeses		0
Number Voids		1
Output, Gastric Drainage	100	
Output, Stool	650	600
Output, Urine	1650	1300

Post-op: day 7
 Status post:
 excision/temp grafting
 Antibiotics: day 3, day 4

Physical Exam

General appearance: awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	12/11 1154	12/11 0811	12/11 0404	12/11 0330	12/11 0330
Chemistry					
Sodium (136 - 145 MMOL/L)					136
Potassium (3.5 - 5.1 MMOL/L)					3.7

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/11/14
 Acct#: G00557360179

Chloride (99 - 109 MMOL/L)				103
Carbon Dioxide (21 - 32 MMOL/L)				27
Anion Gap (9 - 18 MMOL/L)				10
BUN (7 - 21 MG/DL)				17
Creatinine (0.5 - 1.4 MG/DL)				0.7
Est GFR (African Amer) (> 60)				> 60
Est GFR (Non-Af Amer) (> 60)				> 60
BUN/Creatinine Ratio (11.0 - 18.0)				24.3 H
Glucose (70 - 110 MG/DL)				134 H
POC Glucose (70 - 110 MG/DL)	146 H	147 H	128 H	
Lactic Acid (0.4 - 2.0 MMOL/L)			0.5	
Calcium (8.5 - 10.5 MG/DL)				8.3 L
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.12 L
Phosphorus (2.3 - 4.5 MG/DL)				3.5
Magnesium (1.5 - 2.4 MG/DL)				2.1
Total Bilirubin (0.20 - 1.00 MG/DL)				0.50
AST (15 - 37 UNITS/L)				395 H
ALT (12 - 78 UNITS/L)				868 H
Alkaline Phosphatase (50 - 136 UNITS/L)				139 H
Creatine Kinase (39 - 308 UNITS/L)				12 L
Total Protein (6.4 - 8.2 GM/DL)				7.3
Albumin (3.4 - 5.0 GM/DL)				1.9 L
Globulin (1.5 - 3.8 GM/DL)				5.4 H
Albumin/Globulin Ratio (1.0 - 2.2)				0.4 L

	12/11 0003	12/10 1934	12/10 1600	12/10 1355	12/10 1355
Chemistry					
Sodium (136 - 145 MMOL/L)					136
Potassium (3.5 - 5.1 MMOL/L)					4.3
Chloride (99 - 109 MMOL/L)					102
Carbon Dioxide (21 - 32 MMOL/L)					26
Anion Gap (9 - 18 MMOL/L)					12
BUN (7 - 21 MG/DL)					20
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					28.6 H
Glucose (70 - 110 MG/DL)					191 H
POC Glucose (70 - 110 MG/DL)	132 H	133 H	156 H		
Calcium (8.5 - 10.5 MG/DL)					8.2 L
Total Bilirubin (0.20 - 1.00 MG/DL)					0.60

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/11/14
Acct#: G00557360179

CCT (5 - 85 UNITS/L)				309 H
AST (15 - 37 UNITS/L)				383 H
ALT (12 - 78 UNITS/L)				823 H
Alkaline Phosphatase (50 - 136 UNITS/L)				148 H
Ammonia (11 - 32 uMOL/L)			22	
Lactate Dehydrogenase (85 - 227 UNITS/L)				342 H
Total Protein (6.4 - 8.2 GM/DL)				7.5
Albumin (3.4 - 5.0 GM/DL)				1.9 L
Globulin (1.5 - 3.8 GM/DL)				5.6 H
Albumin/Globulin Ratio (1.0 - 2.2)				0.3 L
Amylase (25 - 115 UNITS/L)				189 H
Lipase (73 - 393 UNITS/L)				717 H

Laboratory Tests

	12/11 0330
Coagulation	
PTT (21.9 - 31.4 SECONDS)	28.9
Fibrinogen (200 - 400 MG/DL)	500 H

Laboratory Tests

	12/11 0330	12/10 1355
Hematology		
WBC (4.0 - 11.0 THOUS/uL)	6.59	7.41
RBC (4.30 - 5.80 MIL/uL)	2.64 L	2.63 L
Hgb (13.0 - 17.3 GM/DL)	7.7 L	7.7 L
Hct (38.0 - 52.0 %)	25.3 L	25.1 L
MCV (80.0 - 98.0 FL)	95.8	95.4
MCH (27.0 - 34.0 PG)	29.2	29.3
MCHC (31.5 - 36.5 G/DL)	30.4 L	30.7 L
Plt Count (140 - 400 THOUS/uL)	376	363
Band Neutrophils % (0 - 5 %)	6.2 H	12.9 H
Segmented Neutrophils (40 - 65)	65.5 H	64.7
Lymphocytes (20 - 40)	18.6 L	7.8 L
Monocytes (2 - 8)	6.2	6.9
Eosinophils (0 - 4)	3.5	5.2 H
Metamyelocytes (0 - 0)		1.7 H
Myelocytes (0 - 0)		0.9 H
Nucleated RBCs (0 - 0)	0.9 H	
Vacuolated Neuts		NOTED
Toxic Granulation		MODERATE

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/11/14
Acct#: G00557360179

Polychromasia	MARKED	SLIGHT
Hypochromasia	MARKED	SLIGHT
Poikilocytosis	NORMAL	SLIGHT
Anisocytosis	SLIGHT	SLIGHT
Microcytosis	NORMAL	NORMAL
Macrocytosis	SLIGHT	SLIGHT

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved,suspect wound infection, highly contaminated on arrival.Currently .If secretions remain as thick will plan for bronchoscopy for both diagnostic and therapeutic reasons. Awaiting results of bronchoscopy.

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU:Hypertoncity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .

CV: No arythmia's

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/11/14
Acct#: G00557360179

Pulm: Secretions thick. Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 7.7 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT: Facial fx, non displaced, no surgical plans per plastics remains on Ciprodex. Appreciate Dr. Whitehouse following.

Lines no evid of infection. Monitor. PICC. line in

For planned OR tomorrow.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 24 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/11/14 at 1349

RPT #: 1211-0386
END OF REPORT

DIAGNOSTIC IMAGING
DOCTORS HOSPITAL - 3651 Wheeler Road - Augusta, GA 30901
PHONE #: 706-651-6501 FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/11/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/11/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ards

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001679364 CHEST AP PORT 71010

HISTORY:
ARDS.

Comparison, 12/08/2014.

Tracheostomy tube is unchanged in position. Heart size is borderline. Mild central pulmonary vascular congestion. Patchy bilateral basilar infiltrates atelectasis are noted without improvement.

Left PICC line catheters noted in place the tip projected over the brachial cephalic superior vena cava junction.

Impression: No two-day interval change as detailed above.

** Electronically Signed by STEVEN ROGERS MD on 12/11/2014 at 0736 **
Reported and signed by: STEVEN ROGERS, MD

CC:

DATE 12/11/2014 (0736) BY DR ROGERS
PRINTED BY: 1208372 DATE 07/31/2015
PAGE 1 Signe --379- prt

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1212-0408 REPORT STATUS: Signed
 DATE:12/12/14 TIME: 1438

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/12/14 REP SRV TM: 1438
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Post op today. Some increased volume in OR will diurese post op. Also positive candida in bronchial washing and brush.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
O2 Delivery	T Collar	12/12 1407
O2 Flow Rate	8	12/12 1407
Pulse Ox	98	12/12 1302
B/P	133/69	12/12 1302
Temp	36.7	12/12 1302
Pulse	95	12/12 1302
Resp	12	12/12 1302
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/12 0700	12/11 1900
Intake Total	1588	1536
Output Total	725	2825
Balance	863	-1289
Intake, Blood Product	384	
Intake, IV	504	262
Intake, Oral	350	
Intake, TPN/PPN		384
Intake, Tube Feeding	350	890
Number		1

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/12/14
 Acct#: G00557360179

Bowel Movements	
Number Emeses	0
Number Voids	1
Output, Stool	700
Output, Urine	725
	2125

Post-op: day 8
 Status post:
 excision/temp grafting
 Antibiotics: day 3, day 4

Physical Exam

General appearance: awake
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion, tracheostomy
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.
Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/12 1257	12/12 1157	12/12 0849	12/12 0751	12/12 0435
Chemistry					
POC Glucose (70 - 110 MG/DL)	123 H	130 H	147 H	61 L	75

	12/12 0310	12/12 0310	12/12 0310	12/12 0010	12/11 2028
Chemistry					

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

Sodium (136 - 145 MMOL/L)	136	
Potassium (3.5 - 5.1 MMOL/L)	3.7	
Chloride (99 - 109 MMOL/L)	100	
Carbon Dioxide (21 - 32 MMOL/L)	27	
Anion Gap (9 - 18 MMOL/L)	13	
BUN (7 - 21 MG/DL)	17	
Creatinine (0.5 - 1.4 MG/DL)	0.7	
Est GFR (African Amer) (> 60)	> 60	
Est GFR (Non-Af Amer) (> 60)	> 60	
BUN/Creatinine Ratio (11.0 - 18.0)	24.3 H	
Glucose (70 - 110 MG/DL)	70	
POC Glucose (70 - 110 MG/DL)		136 H 143 H
Lactic Acid (0.4 - 2.0 MMOL/L)	0.3 L	
Calcium (8.5 - 10.5 MG/DL)	8.5	
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14	
Phosphorus (2.3 - 4.5 MG/DL)	3.2	
Magnesium (1.5 - 2.4 MG/DL)	2.0	
Total Bilirubin (0.20 - 1.00 MG/DL)	0.50	
AST (15 - 37 UNITS/L)	387 H	366 H
ALT (12 - 78 UNITS/L)	908 H	905 H
Alkaline Phosphatase (50 - 136 UNITS/L)	143 H	
Lactate Dehydrogenase (85 - 227 UNITS/L)		303 H
Total Protein (6.4 - 8.2 GM/DL)	7.7	
Albumin (3.4 - 5.0 GM/DL)	2.1 L	
Globulin (1.5 - 3.8 GM/DL)	5.6 H	
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L	
Hematology		
WBC (4.0 - 11.0 THOUS/uL)		8.03
RBC (4.30 - 5.80 MIL/uL)		2.73 L
Hgb (13.0 - 17.3 GM/DL)		8.0 L
Hct (38.0 - 52.0 %)		26.0 L
MCV (80.0 - 98.0 FL)		95.2
MCH (27.0 - 34.0 PG)		29.3
MCHC (31.5 - 36.5 G/DL)		30.8 L
Plt Count (140 - 400 THOUS/uL)		411 H
Band Neutrophils % (0 - 5 %)		10.4 H
Segmented Neutrophils (40 - 65)		49.6
Lymphocytes (20 - 40)		26.1
Monocytes (2 - 8)		7.8
Eosinophils (0 - 4)		3.5
Basophils (0 - 2)		1.7
Myelocytes (0 - 0)		0.9 H

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

Polychromasia		MARKED
Hypochromasia		MODERATE
Poikilocytosis		NORMAL
Anisocytosis		SLIGHT
Microcytosis		NORMAL
Macrocytosis		SLIGHT
Target Cells		FEW
Ovalocytes		FEW

	12/11 1750	12/11 1533	12/11 1154	12/11 0811	12/11 0404
Chemistry					
Sodium (136 - 145 MMOL/L)	135 L				
Potassium (3.5 - 5.1 MMOL/L)	3.5				
Chloride (99 - 109 MMOL/L)	99				
Carbon Dioxide (21 - 32 MMOL/L)	30				
Anion Gap (9 - 18 MMOL/L)	10				
BUN (7 - 21 MG/DL)	18				
Creatinine (0.5 - 1.4 MG/DL)	0.8				
Est GFR (African Amer) (> 60)	> 60				
Est GFR (Non-Af Amer) (> 60)	> 60				
BUN/Creatinine Ratio (11.0 - 18.0)	22.5 H				
Glucose (70 - 110 MG/DL)	164 H				
POC Glucose (70 - 110 MG/DL)		153 H	146 H	147 H	128 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14				
Phosphorus (2.3 - 4.5 MG/DL)	3.3				
Magnesium (1.5 - 2.4 MG/DL)	1.9				

	12/11 0330	12/11 0330	12/11 0003	12/10 1934	12/10 1600
Chemistry					
Sodium (136 - 145 MMOL/L)		136			
Potassium (3.5 - 5.1 MMOL/L)		3.7			
Chloride (99 - 109 MMOL/L)		103			
Carbon Dioxide (21 - 32 MMOL/L)		27			
Anion Gap (9 - 18 MMOL/L)		10			
BUN (7 - 21 MG/DL)		17			
Creatinine (0.5 - 1.4 MG/DL)		0.7			
Est GFR (African Amer) (> 60)		> 60			
Est GFR (Non-Af Amer) (> 60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)		24.3 H			
Glucose (70 - 110 MG/DL)		134 H			

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

POC Glucose (70 - 110 MG/DL)		132 H	133 H	156 H
Lactic Acid (0.4 - 2.0 MMOL/L)	0.5			
Calcium (8.5 - 10.5 MG/DL)	8.3 L			
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.12 L			
Phosphorus (2.3 - 4.5 MG/DL)	3.5			
Magnesium (1.5 - 2.4 MG/DL)	2.1			
Total Bilirubin (0.20 - 1.00 MG/DL)	0.50			
AST (15 - 37 UNITS/L)	395 H			
ALT (12 - 78 UNITS/L)	868 H			
Alkaline Phosphatase (50 - 136 UNITS/L)	139 H			
Creatine Kinase (39 - 308 UNITS/L)	12 L			
Total Protein (6.4 - 8.2 GM/DL)	7.3			
Albumin (3.4 - 5.0 GM/DL)	1.9 L			
Globulin (1.5 - 3.8 GM/DL)	5.4 H			
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L			
Coagulation				
PTT (21.9 - 31.4 SECONDS)	28.9			
Fibrinogen (200 - 400 MG/DL)	500 H			
Hematology				
WBC (4.0 - 11.0 THOUS/uL)	6.59			
RBC (4.30 - 5.80 MIL/uL)	2.64 L			
Hgb (13.0 - 17.3 GM/DL)	7.7 L			
Hct (38.0 - 52.0 %)	25.3 L			
MCV (80.0 - 98.0 FL)	95.8			
MCH (27.0 - 34.0 PG)	29.2			
MCHC (31.5 - 36.5 G/DL)	30.4 L			
Plt Count (140 - 400 THOUS/uL)	376			
Band Neutrophils % (0 - 5 %)	6.2 H			
Segmented Neutrophils (40 - 65)	65.5 H			
Lymphocytes (20 - 40)	18.6 L			
Monocytes (2 - 8)	6.2			
Eosinophils (0 - 4)	3.5			
Nucleated RBCs (0 - 0)	0.9 H			
Polychromasia	MARKED			
Hypochromasia	MARKED			
Poikilocytosis	NORMAL			
Anisocytosis	SLIGHT			
Microcytosis	NORMAL			
Macrocytosis	SLIGHT			

Recent Impressions:
RADIOLOGY - CHEST AP PORT 12/11 0550

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/12/14
 Acct#: G00557360179

*** Report Impression - Status: SIGNED Entered: 12/11/2014 0740

Impression: No two-day interval change as detailed above.

Impression By: ROGST - STEVEN ROGERS, MD

RADIOLOGY - CHEST AP PORT 12/12 0505

*** Report Impression - Status: SIGNED Entered: 12/12/2014 0834

IMPRESSION:.

No significant interval change. Minimal vascular congestion could be positional.

Impression By: ARRLA - EUGENE ARRINGTON, MD

Laboratory Tests

	12/12	12/12	12/12	12/12	12/12
	1257	1157	0849	0751	0435
Chemistry					
POC Glucose (70 - 110 MG/DL)	123 H	130 H	147 H	61 L	75

	12/12	12/12	12/12	12/12	12/11
	0310	0310	0310	0010	2028
Chemistry					
Sodium (136 - 145 MMOL/L)		136			
Potassium (3.5 - 5.1 MMOL/L)		3.7			
Chloride (99 - 109 MMOL/L)		100			
Carbon Dioxide (21 - 32 MMOL/L)		27			
Anion Gap (9 - 18 MMOL/L)		13			
BUN (7 - 21 MG/DL)		17			

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

Creatinine (0.5 - 1.4 MG/DL)	0.7			
Est GFR (African Amer) (> 60)	> 60			
Est GFR (Non-Af Amer) (> 60)	> 60			
BUN/Creatinine Ratio (11.0 - 18.0)	24.3 H			
Glucose (70 - 110 MG/DL)	70			
POC Glucose (70 - 110 MG/DL)		136 H	143 H	
Lactic Acid (0.4 - 2.0 MMOL/L)	0.3 L			
Calcium (8.5 - 10.5 MG/DL)	8.5			
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14			
Phosphorus (2.3 - 4.5 MG/DL)	3.2			
Magnesium (1.5 - 2.4 MG/DL)	2.0			
Total Bilirubin (0.20 - 1.00 MG/DL)	0.50			
AST (15 - 37 UNITS/L)	387 H	366 H		
ALT (12 - 78 UNITS/L)	908 H	905 H		
Alkaline Phosphatase (50 - 136 UNITS/L)	143 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)		303 H		
Total Protein (6.4 - 8.2 GM/DL)	7.7			
Albumin (3.4 - 5.0 GM/DL)	2.1 L			
Globulin (1.5 - 3.8 GM/DL)	5.6 H			
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L			

	12/11	12/11
	1750	1533
Chemistry		
Sodium (136 - 145 MMOL/L)	135 L	
Potassium (3.5 - 5.1 MMOL/L)	3.5	
Chloride (99 - 109 MMOL/L)	99	
Carbon Dioxide (21 - 32 MMOL/L)	30	
Anion Gap (9 - 18 MMOL/L)	10	
BUN (7 - 21 MG/DL)	18	
Creatinine (0.5 - 1.4 MG/DL)	0.8	
Est GFR (African Amer) (> 60)	> 60	
Est GFR (Non-Af Amer) (> 60)	> 60	
BUN/Creatinine Ratio (11.0 - 18.0)	22.5 H	
Glucose (70 - 110 MG/DL)	164 H	
POC Glucose (70 - 110 MG/DL)		153 H
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.14	
Phosphorus (2.3 - 4.5 MG/DL)	3.3	
Magnesium (1.5 - 2.4 MG/DL)	1.9	

Laboratory Tests

12/12

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/12/14
 Acct#: G00557360179

	0310
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	8.03
RBC (4.30 - 5.80 MIL/uL)	2.73 L
Hgb (13.0 - 17.3 GM/DL)	8.0 L
Hct (38.0 - 52.0 %)	26.0 L
MCV (80.0 - 98.0 FL)	95.2
MCH (27.0 - 34.0 PG)	29.3
MCHC (31.5 - 36.5 G/DL)	30.8 L
Plt Count (140 - 400 THOUS/uL)	411 H
Band Neutrophils % (0 - 5 %)	10.4 H
Segmented Neutrophils (40 - 65)	49.6
Lymphocytes (20 - 40)	26.1
Monocytes (2 - 8)	7.8
Eosinophils (0 - 4)	3.5
Basophils (0 - 2)	1.7
Myelocytes (0 - 0)	0.9 H
Polychromasia	MARKED
Hypochromasia	MODERATE
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Target Cells	FEW
Ovalocytes	FEW

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, ~30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved, Awaiting results of bronchoscopy.(Candida so far)Started diflucan.

GI:Inability to feed. GI consulted for PEG/- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU:Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .

CV: No arrhythmia's

Pulm:Secretions thick Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 8.0 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amantidine

END:glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

HEENT:Facial fx, non displaced, no surgical plans per plastics remains on Ciprodex.
Appreciate Dr. Whitehouse following.

Lines no evid of infection. Monitor. PICC. line in

Disp:Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 26 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/12/14
Acct#: G00557360179

Electronically Signed by Shaver, Joseph R MD on 12/12/14 at 1443

RPT #: 1212-0408
END OF REPORT

Page 10 of 10

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/12/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/12/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: pulm

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001679728 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Pulmonary edema.
Discussion.

Today's portable chest is compared to the most recent chest x-ray. Allowing for differences in technique there is no significant change in the appearance of the chest. Cardiac silhouette and vascularity are stable. The trachea is midline. There is no pneumothorax. Lines and tubes are stable.

IMPRESSION:.

No significant interval change. Minimal vascular congestion could be positional.

** Electronically Signed by EUGENE ARRINGTON MD **
** on 12/12/2014 at 0830 **
Reported and signed by: EUGENE ARRINGTON, MD

CC:

DATE 12/12/2014 (0830) BY DR. ARRINGTON
PRINTED BY: 12/12/2014 DATE 07/31/2015
PAGE 1 Signe rt

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/12/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/12/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ACUTE

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001679933 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
Respiratory distress.
Discussion.

Today's portable chest is compared to the most recent chest x-ray. Allowing for differences in technique there is no significant change in the appearance of the chest. Cardiac silhouette and vascularity are stable. The trachea is midline. There is no pneumothorax. Stable permanent tracheostomy and left subclavian line.

IMPRESSION:.

No significant interval change.

** Electronically Signed by EUGENE ARRINGTON MD **
** on 12/12/2014 at 1440 **
Reported and signed by: EUGENE ARRINGTON, MD

CC:

DATE 12/13/2014 (1440) BY DR. ARRINGTON
PRINTED BY: 12/13/2014
PAGE 1

Signe prt

-391-

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1213-0231 REPORT STATUS: Signed
 DATE: 12/13/14 TIME: 1212

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Ryan, M. Leigh S

PA

Rep SRV DT: 12/13/14

REP SRV TM: 1212

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1

Status post: cadaver graft, porcine graft, wound VAC, Gastroc flap

Subjective

Patient reports:

able to communicate, pain controlled. No: complaints, shortness of breath, swelling, vomiting.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
O2 Delivery	T Collar	12/13 0910
O2 Flow Rate	8	12/13 0910
Pulse Ox	99	12/13 0820
B/P	127/60	12/13 0642
Temp	36.9	12/13 0642
Pulse	98	12/13 0642
Resp	22	12/13 0642
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/13 0700	12/12 1900
Intake Total	1224	2543
Output Total	1022	2772
Balance	202	-229
Intake, Fresh		225
Frozen		
Plasma		
Intake, IV		180
Intake, Oral		0

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

Intake, Other		1250
Intake, Packed Cells		292
Intake, TPN/PPN	384	176
Intake, Tube Feeding	840	420
Number Bowel Movements		1
Number Voids		1
Output, Drainage	22	152
Output, Estimated Blood Loss		200
Output, Other	225	
Output, Stool		300
Output, Urine	775	2120

General appearance: responsiveness

Head: atraumatic, normocephalic, scattered areas on the face are healing

Respiratory: Trach/vent

Abdomen: no distention, no guarding

Skin: dressing dry and intact, exposed bone to the tibia on the right lower leg

Results

Findings/Data:

Laboratory Tests

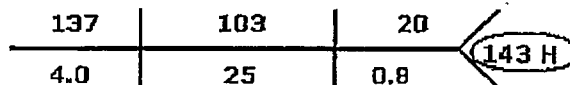
12/13/14 0420:

8.32 $\left\{ \begin{array}{l} 8.7 \text{ L} \\ 28.3 \text{ L} \end{array} \right\} \left\{ \begin{array}{l} 428 \text{ H} \end{array} \right\}$

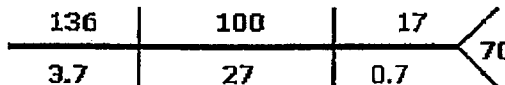
$\begin{array}{c|c|c} 139 & 103 & 21 \\ \hline 5.4 \text{ H} & 27 & 0.7 \end{array} \left\{ \begin{array}{l} 162 \text{ H} \end{array} \right\}$

12/12/14 2140:

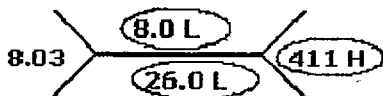
Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179



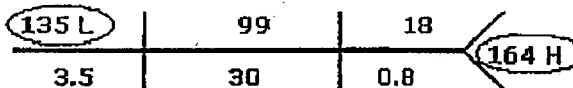
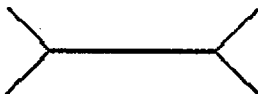
12/12/14 0310:



12/12/14 0310:



12/11/14 1750:



Microbiology:

12/10 1335 BRON WASH: Virus Culture Special Information - RES
 12/10 1335 BRON WASH: Viral Culture - RES
 12/10 1335 BRON WASH: Cytomegalovirus Culture - RES
 12/10 1335 BRON WASH: Fungal Culture - RES
 12/10 1335 BRON WASH: Fungal Smear - RES
 12/10 1335 BRO. BRUSH: Bronchial Brush Culture - RES
 BURKHOLDERIA (P) CEPACIA
 STENOTROPHOMONAS (X) MALTOPHIL
 CANDIDA ALBICANS
 12/10 1335 BRO. BRUSH: Gram Stain - RES

Treatment & Prophylaxis

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #1 CAD/VAC/GASTRO Flap
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

P: Continue ssd soaks BLE
BUE-Exsalt
Vac intact to abdomen
Strip JP drain, empty and record drainage q 6 hours
no surg needed for facial fx currently
pt seen with Dr. Hassan 99232x2

Electronically Signed by Ryan, M. Leigh S PA on 12/13/14 at 1220
Electronically Signed by Hassan, S.M.A Zaheed Z MD on 12/15/14 at 0741

RPT #: 1213-0231
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1213-0312 REPORT STATUS: Signed
 DATE:12/13/14 TIME: 1401

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/13/14 REP SRV TM: 1401
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Remains with elevated liver enzymes but they are trending downward.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	100	12/13 1258
B/P	131/62	12/13 1258
Temp	36.8	12/13 1258
Pulse	96	12/13 1258
Resp	25	12/13 1258
O2 Delivery	T Collar	12/13 0910
O2 Flow Rate	8	12/13 0910
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/13 0700	12/12 1900
Intake Total	1224	2543
Output Total	1022	2772
Balance	202	-229
Intake, Fresh		225
Frozen		
Plasma		
Intake, IV		180
Intake, Oral		0
Intake, Other		1250
Intake, Packed Cells		292
Intake, TPN/PPN	384	176

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

Intake, Tube Feeding	840	420
Number Bowel Movements		1
Number Voids		1
Output, Drainage	22	152
Output, Estimated Blood Loss		200
Output, Other	225	
Output, Stool		300
Output, Urine	775	2120

Post-op: day 9
 Status post:
 excision/temp grafting
 Antibiotics: day 3, day 4

Physical Exam

General appearance: awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/13	12/13	12/13	12/13	12/13

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

	1310	1310	1205	0813	0420
Chemistry					
Sodium (136 - 145 MMOL/L)		137			
Potassium (3.5 - 5.1 MMOL/L)		3.6			
Chloride (99 - 109 MMOL/L)		104			
Carbon Dioxide (21 - 32 MMOL/L)		28			
Anion Gap (9 - 18 MMOL/L)		9			
BUN (7 - 21 MG/DL)		22 H			
Creatinine (0.5 - 1.4 MG/DL)		0.7			
Est GFR (African Amer) (> 60)		> 60			
Est GFR (Non-Af Amer) (> 60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)		31.4 H			
Glucose (70 - 110 MG/DL)		206 H			
POC Glucose (70 - 110 MG/DL)			174 H	122 H	
Lactic Acid (0.4 - 2.0 MMOL/L)	0.9				1.4
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.13			
Phosphorus (2.3 - 4.5 MG/DL)		3.2			
Magnesium (1.5 - 2.4 MG/DL)		2.0			
AST (15 - 37 UNITS/L)		280 H			
ALT (12 - 78 UNITS/L)		811 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)		218			
C-React Prot High Sens (< 7.4 MG/L)		95.9 H			
Hematology					
WBC (4.0 - 11.0 THOUS/uL)		7.49			
RBC (4.30 - 5.80 MIL/uL)		2.83 L			
Hgb (13.0 - 17.3 GM/DL)		8.2 L			
Hct (38.0 - 52.0 %)		27.0 L			
MCV (80.0 - 98.0 FL)		95.4			
MCH (27.0 - 34.0 PG)		29.0			
MCHC (31.5 - 36.5 G/DL)		30.4 L			
Plt Count (140 - 400 THOUS/uL)		406 H			

	12/13 0420	12/13 0402	12/13 0007	12/12 2140	12/12 2038
Chemistry					
Sodium (136 - 145 MMOL/L)	139			137	
Potassium (3.5 - 5.1 MMOL/L)	5.4 H			4.0	
Chloride (99 - 109 MMOL/L)	103			103	
Carbon Dioxide (21 - 32 MMOL/L)	27			25	
Anion Gap (9 - 18 MMOL/L)	14			13	
BUN (7 - 21 MG/DL)	21			20	
Creatinine (0.5 - 1.4 MG/DL)	0.7			0.8	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

Est GFR (African Amer) (> 60)	> 60			> 60
Est GFR (Non-Af Amer) (> 60)	> 60			> 60
BUN/Creatinine Ratio (11.0 - 18.0)	30.0 H			25.0 H
Glucose (70 - 110 MG/DL)	162 H			143 H
POC Glucose (70 - 110 MG/DL)		148 H	150 H	151 H
Calcium (8.5 - 10.5 MG/DL)	7.8 L			8.4 L
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.09 L			
Phosphorus (2.3 - 4.5 MG/DL)	3.0			
Magnesium (1.5 - 2.4 MG/DL)	2.1			
Total Bilirubin (0.20 - 1.00 MG/DL)	0.50			
AST (15 - 37 UNITS/L)	364 H			
ALT (12 - 78 UNITS/L)	928 H			
Alkaline Phosphatase (50 - 136 UNITS/L)	165 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)	302 H			
Creatine Kinase (39 - 308 UNITS/L)	44			
Total Protein (6.4 - 8.2 GM/DL)	7.5			
Albumin (3.4 - 5.0 GM/DL)	2.1 L			
Globulin (1.5 - 3.8 GM/DL)	5.4 H			
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L			
Hematology				
WBC (4.0 - 11.0 THOUS/uL)	8.32			
RBC (4.30 - 5.80 MIL/uL)	3.01 L			
Hgb (13.0 - 17.3 GM/DL)	8.7 L			
Hct (38.0 - 52.0 %)	28.3 L			
MCV (80.0 - 98.0 FL)	94.0			
MCH (27.0 - 34.0 PG)	28.9			
MCHC (31.5 - 36.5 G/DL)	30.7 L			
Plt Count (140 - 400 THOUS/uL)	428 H			
Band Neutrophils % (0 - 5 %)	6.3 H			
Segmented Neutrophils (40 - 65)	62.5			
Lymphocytes (20 - 40)	16.1 L			
Monocytes (2 - 8)	8.0			
Eosinophils (0 - 4)	2.7			
Basophils (0 - 2)	4.5 H			
Toxic Granulation	SLIGHT			
Polychromasia	MODERATE			
Hypochromasia	SLIGHT			
Poikilocytosis	NORMAL			
Anisocytosis	SLIGHT			
Microcytosis	NORMAL			
Macrocytosis	SLIGHT			

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

	12/12 1603	12/12 1257	12/12 1157	12/12 0849	12/12 0751
Chemistry					
POC Glucose (70 - 110 MG/DL)	182 H	123 H	130 H	147 H	61 L

	12/12 0435	12/12 0310	12/12 0310	12/12 0310	12/12 0010
Chemistry					
Sodium (136 - 145 MMOL/L)			136		
Potassium (3.5 - 5.1 MMOL/L)			3.7		
Chloride (99 - 109 MMOL/L)			100		
Carbon Dioxide (21 - 32 MMOL/L)			27		
Anion Gap (9 - 18 MMOL/L)			13		
BUN (7 - 21 MG/DL)			17		
Creatinine (0.5 - 1.4 MG/DL)			0.7		
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)			24.3 H		
Glucose (70 - 110 MG/DL)			70		
POC Glucose (70 - 110 MG/DL)	75				136 H
Lactic Acid (0.4 - 2.0 MMOL/L)		0.3 L			
Calcium (8.5 - 10.5 MG/DL)			8.5		
Ionized Calcium (1.13 - 1.32 mMOL/L)			1.14		
Phosphorus (2.3 - 4.5 MG/DL)			3.2		
Magnesium (1.5 - 2.4 MG/DL)			2.0		
Total Bilirubin (0.20 - 1.00 MG/DL)			0.50		
AST (15 - 37 UNITS/L)			387 H	366 H	
ALT (12 - 78 UNITS/L)			908 H	905 H	
Alkaline Phosphatase (50 - 136 UNITS/L)			143 H		
Lactate Dehydrogenase (85 - 227 UNITS/L)				303 H	
Total Protein (6.4 - 8.2 GM/DL)			7.7		
Albumin (3.4 - 5.0 GM/DL)			2.1 L		
Globulin (1.5 - 3.8 GM/DL)			5.6 H		
Albumin/Globulin Ratio (1.0 - 2.2)			0.4 L		
Hematology					
WBC (4.0 - 11.0 THOUS/uL)				8.03	
RBC (4.30 - 5.80 MIL/uL)				2.73 L	
Hgb (13.0 - 17.3 GM/DL)				8.0 L	
Hct (38.0 - 52.0 %)				26.0 L	
MCV (80.0 - 98.0 FL)				95.2	
MCH (27.0 - 34.0 PG)				29.3	
MCHC (31.5 - 36.5 G/DL)				30.8 L	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

Plt Count (140 - 400 THOUS/uL)		411 H	
Band Neutrophils % (0 - 5 %)		10.4 H	
Segmented Neutrophils (40 - 65)		49.6	
Lymphocytes (20 - 40)		26.1	
Monocytes (2 - 8)		7.8	
Eosinophils (0 - 4)		3.5	
Basophils (0 - 2)		1.7	
Myelocytes (0 - 0)		0.9 H	
Polychromasia		MARKED	
Hypochromasia		MODERATE	
Poikilocytosis		NORMAL	
Anisocytosis		SLIGHT	
Microcytosis		NORMAL	
Macrocytosis		SLIGHT	
Target Cells		FEW	
Ovalocytes		FEW	

	12/11 2028	12/11 1750	12/11 1533
Chemistry			
Sodium (136 - 145 MMOL/L)		135 L	
Potassium (3.5 - 5.1 MMOL/L)		3.5	
Chloride (99 - 109 MMOL/L)		99	
Carbon Dioxide (21 - 32 MMOL/L)		30	
Anion Gap (9 - 18 MMOL/L)		10	
BUN (7 - 21 MG/DL)		18	
Creatinine (0.5 - 1.4 MG/DL)		0.8	
Est GFR (African Amer) (>60)		> 60	
Est GFR (Non-Af Amer) (>60)		> 60	
BUN/Creatinine Ratio (11.0 - 18.0)		22.5 H	
Glucose (70 - 110 MG/DL)		164 H	
POC Glucose (70 - 110 MG/DL)	143 H		153 H
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.14	
Phosphorus (2.3 - 4.5 MG/DL)		3.3	
Magnesium (1.5 - 2.4 MG/DL)		1.9	

Recent Impressions:

RADIOLOGY - CHEST AP PORT 12/12 0505

*** Report Impression - Status: SIGNED Entered: 12/12/2014 0834

IMPRESSION:.

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

No significant interval change. Minimal vascular congestion could be positional.

Impression By: ARRLA - EUGENE ARRINGTON, MD
RADIOLOGY - CHEST AP PORT 12/12 1425
 *** Report Impression - Status: SIGNED Entered: 12/12/2014 1444

IMPRESSION:

No significant interval change.

Impression By: ARRLA - EUGENE ARRINGTON, MD
RADIOLOGY - CHEST AP PORT 12/13 0510
 *** Report Impression - Status: SIGNED Entered: 12/13/2014 0839

Impression: Linear atelectatic change on the right. No significant change compared to the previous study.

Impression By: PRASTU2 - STUART PRATHER, III, MD

Laboratory Tests

	12/13 1310	12/13 1310	12/13 1205	12/13 0813	12/13 0420
Chemistry					
Sodium (136 - 145 MMOL/L)		137			
Potassium (3.5 - 5.1 MMOL/L)		3.6			
Chloride (99 - 109 MMOL/L)		104			
Carbon Dioxide (21 - 32 MMOL/L)		28			

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

Anion Gap (9 - 18 MMOL/L)	9			
BUN (7 - 21 MG/DL)	22 H			
Creatinine (0.5 - 1.4 MG/DL)	0.7			
Est GFR (African Amer) (>60)	> 60			
Est GFR (Non-Af Amer) (>60)	> 60			
BUN/Creatinine Ratio (11.0 - 18.0)	31.4 H			
Glucose (70 - 110 MG/DL)	206 H			
POC Glucose (70 - 110 MG/DL)		174 H	122 H	
Lactic Acid (0.4 - 2.0 MMOL/L)	0.9			1.4
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.13			
Phosphorus (2.3 - 4.5 MG/DL)	3.2			
Magnesium (1.5 - 2.4 MG/DL)	2.0			
AST (15 - 37 UNITS/L)	280 H			
ALT (12 - 78 UNITS/L)	811 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)	218			
C-React Prot High Sens (<7.4 MG/L)	95.9 H			

	12/13 0420	12/13 0402	12/13 0007	12/12 2140	12/12 2038
Chemistry					
Sodium (136 - 145 MMOL/L)	139			137	
Potassium (3.5 - 5.1 MMOL/L)	5.4 H			4.0	
Chloride (99 - 109 MMOL/L)	103			103	
Carbon Dioxide (21 - 32 MMOL/L)	27			25	
Anion Gap (9 - 18 MMOL/L)	14			13	
BUN (7 - 21 MG/DL)	21			20	
Creatinine (0.5 - 1.4 MG/DL)	0.7			0.8	
Est GFR (African Amer) (>60)	> 60			> 60	
Est GFR (Non-Af Amer) (>60)	> 60			> 60	
BUN/Creatinine Ratio (11.0 - 18.0)	30.0 H			25.0 H	
Glucose (70 - 110 MG/DL)	162 H			143 H	
POC Glucose (70 - 110 MG/DL)		148 H	150 H		151 H
Calcium (8.5 - 10.5 MG/DL)	7.8 L			8.4 L	
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.09 L				
Phosphorus (2.3 - 4.5 MG/DL)	3.0				
Magnesium (1.5 - 2.4 MG/DL)	2.1				
Total Bilirubin (0.20 - 1.00 MG/DL)	0.50				
AST (15 - 37 UNITS/L)	364 H				
ALT (12 - 78 UNITS/L)	928 H				
Alkaline Phosphatase (50 - 136 UNITS/L)	165 H				
Lactate Dehydrogenase (85 - 227 UNITS/L)	302 H				
Creatine Kinase (39 - 308 UNITS/L)	44				

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/13/14
 Acct#: G00557360179

Total Protein (6.4 - 8.2 GM/DL)	7.5			
Albumin (3.4 - 5.0 GM/DL)	2.1 L			
Globulin (1.5 - 3.8 GM/DL)	5.4 H			
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L			

	12/12
	1603
Chemistry	
POC Glucose (70 - 110 MG/DL)	182 H

Laboratory Tests

	12/13	12/13
	1310	0420
Hematology		
WBC (4.0 - 11.0 THOUS/uL)	7.49	8.32
RBC (4.30 - 5.80 MIL/uL)	2.83 L	3.01 L
Hgb (13.0 - 17.3 GM/DL)	8.2 L	8.7 L
Hct (38.0 - 52.0 %)	27.0 L	28.3 L
MCV (80.0 - 98.0 FL)	95.4	94.0
MCH (27.0 - 34.0 PG)	29.0	28.9
MCHC (31.5 - 36.5 G/DL)	30.4 L	30.7 L
Plt Count (140 - 400 THOUS/uL)	406 H	428 H
Band Neutrophils % (0 - 5 %)		6.3 H
Segmented Neutrophils (40 - 65)		62.5
Lymphocytes (20 - 40)		16.1 L
Monocytes (2 - 8)		8.0
Eosinophils (0 - 4)		2.7
Basophils (0 - 2)		4.5 H
Toxic Granulation		SLIGHT
Polychromasia		MODERATE
Hypochromasia		SLIGHT
Poikilocytosis		NORMAL
Anisocytosis		SLIGHT
Microcytosis		NORMAL
Macrocytosis		SLIGHT

Treatment & Prophylaxis

Treatment & Prophylaxis

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

Foley:

Date foley inserted: 11/21/14
Oxygen: ventilator
Ventilator: SIMV
Lines: arterial, CVC
Drains/tube:
Drains/tube: urinary catheter, OGT
Tube feeding: Yes (Impact at 20ml/h)
TPN: Yes
Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved, Awaiting results of bronchoscopy.(Candida so far)Started diflucan.Also now started Fortaz IV

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU:Hypertoncity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .

CV: No arhythmia's

Pulm:Secretions thick Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 8.7 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amantidine

END:glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced..

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/13/14
Acct#: G00557360179

HEENT: Facial fx, non displaced, no surgical plans per plastics remains on Ciprodex.
Appreciate Dr. Whitehouse following.

Lines no evid of infection. Monitor. PICC. line in

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 34 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/13/14 at 1406

RPT #: 1213-0312
END OF REPORT

Page 11 of 11

DIAGNOSTIC IMAGING
DOCTORS HOSPITAL - 3651 Wheeler Road - Augusta, GA 30901
PHONE #: 706-651-6501 FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/13/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/13/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ards

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS: Interest/reason for exam:: CPT CODE:
001680056 CHEST AP PORT 71010

HISTORY:

A single view was obtained and compared to a study dated December 12, 2014.

The tracheostomy tube and left upper extremity PICC line remain in place.

The heart is mildly enlarged. The vascular structures are not dilated. No consolidation or pleural fluid is identified. Linear atelectatic change is seen in the right midlung.

Impression: Linear atelectatic change on the right. No significant change compared to the previous study.

** Electronically Signed by MD STUART PRATHER III **
** on 12/13/2014 at 0835 **
Reported and signed by: STUART PRATHER, III, MD

CC:

DATE 12/13/2014 (0835) BY DR PRATHER
PRINTED BY: 1608372 DATE 07/30/2015
PAGE 1 Signe -407- rt

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)

Burn Progress Note

REPORT#: 1214-0248 REPORT STATUS: Signed

DATE: 12/14/14 TIME: 1300

PATIENT: LONG, GYLES

ACCOUNT#: G00557360179

AGE: 55 SEX: M

MD

ADM DT: 11/21/14

PA

Rep SRV DT: 12/14/14

UNIT #: G000808204

ROOM/BED: G.BU10-1

ATTEND: Mullins, Robert F

AUTHOR: Ryan, M. Leigh S

REP SRV TM: 1300

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2

Status post: cadaver graft, porcine graft, wound VAC, Gastroc flap

Subjective

Patient reports:

able to communicate.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	12/14 1200
B/P	118/66	12/14 1200
Pulse	86	12/14 1200
Resp	17	12/14 1200
O2 Delivery	T Collar	12/14 0849
O2 Flow Rate	8	12/14 0849
Temp	36.9	12/13 1620
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/14 0700	12/13 1900
Intake Total	1970	2404
Output Total	1290	1758
Balance	680	646
Intake, IV	170	220
Intake, Oral	0	
Intake, Other	120	
Intake, TPN/PPN	840	384
Intake, Tube	840	840

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/14/14
 Acct#: G00557360179

Feeding		
Intake, Tube		960
Irrigant		
Number		1
Bowel		
Movements		
Number Voids		1
Output,	165	273
Drainage		
Output,	0	
Gastric		
Drainage		
Output, Stool	200	350
Output, Urine	925	1135

General appearance: respiratory support (Trach)
Head: atraumatic, normocephalic, scattered areas on the face are healing
Respiratory: Trach/vent
Abdomen: no distention, no guarding
Skin: Cadaver adherent, moist Gastroc Flap intact-JP drain functional

Results

Findings/Data:
Laboratory Tests

12/14/14 0320:

7.49 ~~8.0 L~~ 445 H

137 10

12/13/14 1310:

7.49 ~~8.2 L~~ 406 H

137 10

12/13/14 0420:

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

8.32 8.7 L 428 H

139 11

12/12/14 2140:

137 11

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #2 CAD/VAC/GASTRO Flap

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks BLE

BUE-Exsalt

Vac intact to abdomen

Strip JP drain, empty and record drainage q 6 hours

no surg needed for facial fx currently

pt seen with Dr. Hassan 99232x2

Lab

Band Neutrophils %	6.1 % H 12/14/14 0320
WBC	7.49 THOUS/uL 12/14/14 0320

Micro

BRONCH BRUSH PROTECTED CULTURE Abnormal COMP 12/10/14 1335
BURKHOLDERIA (P) CEPACIA

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

STENOTROPHOMONAS (X) MALTOPHIL
CANDIDA ALBICANS

Electronically Signed by Ryan, M. Leigh S PA on 12/14/14 at 1306
Electronically Signed by Hassan, S.M.A Zaheed Z MD on 12/15/14 at 0746

RPT #: 1214-0248
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1214-0317 REPORT STATUS: Signed
 DATE:12/14/14 TIME: 1411

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins,Robert F
 AUTHOR: Shaver,Joseph R

Rep SRV DT: 12/14/14 REP SRV TM: 1411
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Remains with tracheostomy in place. Secretions less today and clear.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	97	12/14 1200
B/P	118/66	12/14 1200
Pulse	86	12/14 1200
Resp	17	12/14 1200
O2 Delivery	T Collar	12/14 0849
O2 Flow Rate	8	12/14 0849
Temp	36.9	12/13 1620
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/14 0700	12/13 1900
Intake Total	1970	2404
Output Total	1290	1758
Balance	680	646
Intake, IV	170	220
Intake, Oral	0	
Intake, Other	120	
Intake, TPN/PPN	840	384
Intake, Tube Feeding	840	840
Intake, Tube Irrigant		960
Number		1

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/14/14
 Acct#: G00557360179

Bowel Movements		
Number Voids		1
Output, Drainage	165	273
Output, Gastric Drainage	0	
Output, Stool	200	350
Output, Urine	925	1135

Post-op: day 9
 Status post:
 excision/temp grafting
 Antibiotics: day 4, day 5

Physical Exam

General appearance: awake
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion, tracheostomy
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.
Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/14 1226	12/14 0808	12/14 0334	12/14 0320	12/14 0320
Chemistry					
Sodium (136 - 145 MMOL/L)					137
Potassium (3.5 - 5.1 MMOL/L)					3.8

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

Chloride (99 - 109 MMOL/L)				104
Carbon Dioxide (21 - 32 MMOL/L)				28
Anion Gap (9 - 18 MMOL/L)				9
BUN (7 - 21 MG/DL)				19
Creatinine (0.5 - 1.4 MG/DL)				0.6
Est GFR (African Amer) (> 60)			> 60	
Est GFR (Non-Af Amer) (> 60)			> 60	
BUN/Creatinine Ratio (11.0 - 18.0)				31.7 H
Glucose (70 - 110 MG/DL)				134 H
POC Glucose (70 - 110 MG/DL)	143 H	139 H	135 H	
Calcium (8.5 - 10.5 MG/DL)				8.4 L
Phosphorus (2.3 - 4.5 MG/DL)				3.2
Magnesium (1.5 - 2.4 MG/DL)				1.9
Total Bilirubin (0.20 - 1.00 MG/DL)				0.40
AST (15 - 37 UNITS/L)				208 H
ALT (12 - 78 UNITS/L)				723 H
Alkaline Phosphatase (50 - 136 UNITS/L)				146 H
Lactate Dehydrogenase (85 - 227 UNITS/L)			221	
Total Protein (6.4 - 8.2 GM/DL)				7.1
Albumin (3.4 - 5.0 GM/DL)				2.0 L
Globulin (1.5 - 3.8 GM/DL)				5.1 H
Albumin/Globulin Ratio (1.0 - 2.2)				0.4 L
Hematology				
WBC (4.0 - 11.0 THOUS/uL)				7.49
RBC (4.30 - 5.80 MIL/uL)				2.79 L
Hgb (13.0 - 17.3 GM/DL)				8.0 L
Hct (38.0 - 52.0 %)			26.2 L	
MCV (80.0 - 98.0 FL)				93.9
MCH (27.0 - 34.0 PG)				28.7
MCHC (31.5 - 36.5 G/DL)				30.5 L
Plt Count (140 - 400 THOUS/uL)				445 H
Band Neutrophils % (0 - 5 %)				6.1 H
Segmented Neutrophils (40 - 65)				55.7
Lymphocytes (20 - 40)				22.6
Monocytes (2 - 8)				6.1
Eosinophils (0 - 4)				6.1 H
Basophils (0 - 2)				0.9
Myelocytes (0 - 0)				2.6 H
Polychromasia				MARKED
Hypochromasia				MODERATE
Poikilocytosis				NORMAL
Anisocytosis				SLIGHT

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

Microcytosis				NORMAL
Macrocytosis				SLIGHT
Target Cells				FEW
Ovalocytes				FEW

	12/14 0012	12/13 2058	12/13 1558	12/13 1310	12/13 1310
Chemistry					
Sodium (136 - 145 MMOL/L)					137
Potassium (3.5 - 5.1 MMOL/L)					3.6
Chloride (99 - 109 MMOL/L)					104
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					9
BUN (7 - 21 MG/DL)					22 H
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (>60)				> 60	
Est GFR (Non-Af Amer) (>60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)					31.4 H
Glucose (70 - 110 MG/DL)					206 H
POC Glucose (70 - 110 MG/DL)	151 H	134 H	209 H		
Lactic Acid (0.4 - 2.0 MMOL/L)				0.9	
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.13
Phosphorus (2.3 - 4.5 MG/DL)					3.2
Magnesium (1.5 - 2.4 MG/DL)					2.0
AST (15 - 37 UNITS/L)					280 H
ALT (12 - 78 UNITS/L)					811 H
Lactate Dehydrogenase (85 - 227 UNITS/L)					218
C-React Prot High Sens (<7.4 MG/L)					95.9 H
Cortisol (mcg/DL)					17.3
Hematology					
WBC (4.0 - 11.0 THOUS/uL)					7.49
RBC (4.30 - 5.80 MIL/uL)					2.83 L
Hgb (13.0 - 17.3 GM/DL)					8.2 L
Hct (38.0 - 52.0 %)					27.0 L
MCV (80.0 - 98.0 FL)					95.4
MCH (27.0 - 34.0 PG)					29.0
MCHC (31.5 - 36.5 G/DL)					30.4 L
Plt Count (140 - 400 THOUS/uL)					406 H
Band Neutrophils % (0 - 5 %)					12.4 H
Segmented Neutrophils (40 - 65)					61.1
Lymphocytes (20 - 40)					18.6 L
Monocytes (2 - 8)					6.2

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

Eosinophils (0 - 4)				0.9
Myelocytes (0 - 0)				0.9 H
Polychromasia				NORMAL
Hypochromasia				NORMAL
Poikilocytosis				NORMAL
Anisocytosis				SLIGHT
Microcytosis				SLIGHT
Macrocytosis				NORMAL
ESR (0 - 20 MM/HR)				112 H

	12/13 1205	12/13 0813	12/13 0420	12/13 0420	12/13 0402
Chemistry					
Sodium (136 - 145 MMOL/L)				139	
Potassium (3.5 - 5.1 MMOL/L)				5.4 H	
Chloride (99 - 109 MMOL/L)				103	
Carbon Dioxide (21 - 32 MMOL/L)				27	
Anion Gap (9 - 18 MMOL/L)				14	
BUN (7 - 21 MG/DL)				21	
Creatinine (0.5 - 1.4 MG/DL)				0.7	
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)				30.0 H	
Glucose (70 - 110 MG/DL)				162 H	
POC Glucose (70 - 110 MG/DL)	174 H	122 H			148 H
Lactic Acid (0.4 - 2.0 MMOL/L)			1.4		
Calcium (8.5 - 10.5 MG/DL)				7.8 L	
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.09 L	
Phosphorus (2.3 - 4.5 MG/DL)				3.0	
Magnesium (1.5 - 2.4 MG/DL)				2.1	
Total Bilirubin (0.20 - 1.00 MG/DL)				0.50	
AST (15 - 37 UNITS/L)				364 H	
ALT (12 - 78 UNITS/L)				928 H	
Alkaline Phosphatase (50 - 136 UNITS/L)				165 H	
Lactate Dehydrogenase (85 - 227 UNITS/L)				302 H	
Creatine Kinase (39 - 308 UNITS/L)				44	
Total Protein (6.4 - 8.2 GM/DL)				7.5	
Albumin (3.4 - 5.0 GM/DL)				2.1 L	
Globulin (1.5 - 3.8 GM/DL)				5.4 H	
Albumin/Globulin Ratio (1.0 - 2.2)				0.4 L	
Hematology					
WBC (4.0 - 11.0 THOUS/uL)				8.32	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/14/14
 Acct#: G00557360179

RBC (4.30 - 5.80 MIL/uL)			3.01 L	
Hgb (13.0 - 17.3 GM/DL)			8.7 L	
Hct (38.0 - 52.0 %)			28.3 L	
MCV (80.0 - 98.0 FL)			94.0	
MCH (27.0 - 34.0 PG)			28.9	
MCHC (31.5 - 36.5 G/DL)			30.7 L	
Plt Count (140 - 400 THOUS/uL)			428 H	
Band Neutrophils % (0 - 5 %)			6.3 H	
Segmented Neutrophils (40 - 65)			62.5	
Lymphocytes (20 - 40)			16.1 L	
Monocytes (2 - 8)			8.0	
Eosinophils (0 - 4)			2.7	
Basophils (0 - 2)			4.5 H	
Toxic Granulation			SLIGHT	
Polychromasia			MODERATE	
Hypochromasia			SLIGHT	
Poikilocytosis			NORMAL	
Anisocytosis			SLIGHT	
Microcytosis			NORMAL	
Macrocytosis			SLIGHT	

	12/13 0007	12/12 2140	12/12 2038	12/12 1603
Chemistry				
Sodium (136 - 145 MMOL/L)		137		
Potassium (3.5 - 5.1 MMOL/L)		4.0		
Chloride (99 - 109 MMOL/L)		103		
Carbon Dioxide (21 - 32 MMOL/L)		25		
Anion Gap (9 - 18 MMOL/L)		13		
BUN (7 - 21 MG/DL)		20		
Creatinine (0.5 - 1.4 MG/DL)		0.8		
Est GFR (African Amer) (> 60)		> 60		
Est GFR (Non-Af Amer) (> 60)		> 60		
BUN/Creatinine Ratio (11.0 - 18.0)		25.0 H		
Glucose (70 - 110 MG/DL)		143 H		
POC Glucose (70 - 110 MG/DL)	150 H		151 H	182 H
Calcium (8.5 - 10.5 MG/DL)		8.4 L		

Recent Impressions:

RADIOLOGY - CHEST AP PORT 12/12 1425

*** Report Impression - Status: SIGNED Entered: 12/12/2014 1444

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/14/14
 Acct#: G00557360179

IMPRESSION:.

No significant interval change.

Impression By: ARRLA - EUGENE ARRINGTON, MD
 RADIOLOGY - CHEST AP PORT 12/13 0510
 *** Report Impression - Status: SIGNED Entered: 12/13/2014 0839

Impression: Linear atelectatic change on the right. No significant change compared to the previous study.

Impression By: PRASTU2 - STUART PRATHER, III, MD

Laboratory Tests

	12/14 1226	12/14 0808	12/14 0334	12/14 0320	12/14 0320
Chemistry					
Sodium (136 - 145 MMOL/L)					137
Potassium (3.5 - 5.1 MMOL/L)					3.8
Chloride (99 - 109 MMOL/L)					104
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					9
BUN (7 - 21 MG/DL)					19
Creatinine (0.5 - 1.4 MG/DL)					0.6
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					31.7 H
Glucose (70 - 110 MG/DL)					134 H
POC Glucose (70 - 110 MG/DL)	143 H	139 H	135 H		
Calcium (8.5 - 10.5 MG/DL)					8.4 L
Phosphorus (2.3 - 4.5 MG/DL)					3.2
Magnesium (1.5 - 2.4 MG/DL)					1.9
Total Bilirubin (0.20 - 1.00 MG/DL)					0.40
AST (15 - 37 UNITS/L)					208 H
ALT (12 - 78 UNITS/L)					723 H
Alkaline Phosphatase (50 - 136 UNITS/L)					146 H
Lactate Dehydrogenase (85 - 227 UNITS/L)				221	
Total Protein (6.4 - 8.2 GM/DL)					7.1
Albumin (3.4 - 5.0 GM/DL)					2.0 L

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/14/14
 Acct#: G00557360179

Globulin (1.5 - 3.8 GM/DL)					5.1 H
Albumin/Globulin Ratio (1.0 - 2.2)					0.4 L

	12/14	12/13	12/13
	0012	2058	1558
Chemistry			
POC Glucose (70 - 110 MG/DL)	151 H	134 H	209 H

Laboratory Tests

	12/14
	0320
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	7.49
RBC (4.30 - 5.80 MIL/uL)	2.79 L
Hgb (13.0 - 17.3 GM/DL)	8.0 L
Hct (38.0 - 52.0 %)	26.2 L
MCV (80.0 - 98.0 FL)	93.9
MCH (27.0 - 34.0 PG)	28.7
MCHC (31.5 - 36.5 G/DL)	30.5 L
Plt Count (140 - 400 THOUS/uL)	445 H
Band Neutrophils % (0 - 5 %)	6.1 H
Segmented Neutrophils (40 - 65)	55.7
Lymphocytes (20 - 40)	22.6
Monocytes (2 - 8)	6.1
Eosinophils (0 - 4)	6.1 H
Basophils (0 - 2)	0.9
Myelocytes (0 - 0)	2.6 H
Polychromasia	MARKED
Hypochromasia	MODERATE
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Target Cells	FEW
Ovalocytes	FEW

Treatment & Prophylaxis

Treatment & Prophylaxis

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

Foley:

Date foley inserted: 11/21/14
Oxygen: ventilator
Ventilator: SIMV
Lines: arterial, CVC
Drains/tube:
Drains/tube: urinary catheter, OGT
Tube feeding: Yes (Impact at 20ml/h)
TPN: Yes
Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns-30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID: Leukocytosis resolved, Awaiting results of bronchoscopy. (Candida so far) Started diflucan. Also now started Fortaz IV Remains afebrile. Will plan repeat FOB with brushings in next 48 hours.

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .

CV: No arrhythmia's

Pulm: Secretions thick Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 8.0 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amanlidine

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced.

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/14/14
Acct#: G00557360179

Liver transaminases trending downward continue to follow daily.

Lines no evid of infection. Monitor. PICC. line in.

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 25 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/14/14 at 1423

RPT #: 1214-0317
END OF REPORT

Page 10 of 10

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1215-0382 REPORT STATUS: Signed
 DATE:12/15/14 TIME: 1405

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/15/14

AUTHOR:

REP SRV TM: 1405

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3

Status post: cadaver graft, porcine graft, wound VAC, Gastroc flap

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/15 1300
B/P	129/63	12/15 1300
Pulse	90	12/15 1300
Resp	19	12/15 1300
O2 Delivery	T Collar	12/15 0936
O2 Flow Rate	8	12/15 0936
Temp	36.8	12/15 0600
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/15 0700	12/14 1900
Intake Total	2084	1414
Output Total	1590	1822
Balance	494	-408
Intake, IV	320	574
Intake, Oral Supplement	540	
Intake, TPN/PPN	384	
Intake, Tube Feeding	840	840
Number Bowel Movements	1	1
Number Emeses	0	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/15/14
 Acct#: G00557360179

Number Voids	1	1
Output, Drainage		12
Output, Gastric Drainage	200	210
Output, Stool	300	525
Output, Urine	1090	1075
Patient Weight	110 kg	

General appearance: awake

Head: atraumatic, normocephalic, scattered areas on the face are healed

Abdomen: no distention, no guarding

Skin: Cadaver adherent, moist Gastroc Flap intact-JP drain functional VAC in place to the abdomen, closed system

Results

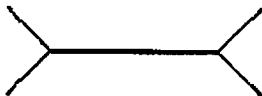
Findings/Data:

Laboratory Tests

Med		
Ceftazidime	1 GM IV Q8H	12/13/14 1000
Sodium Chloride	50 ML	
Fluconazole	100 ML IV Q24H	12/12/14 1500

Micro		
GRAM STAIN	Normal COMP	12/04/14 1611
WOUND CULTURE	Abnormal COMP	12/04/14 1611
STENOTROPHOMONAS (X) MALTOPHIL		
GRAM STAIN	Normal COMP	12/04/14 1646
TISSUE CULTURE	Abnormal COMP	12/04/14 1646
STENOTROPHOMONAS (X) MALTOPHIL		

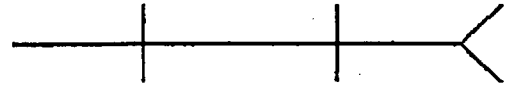
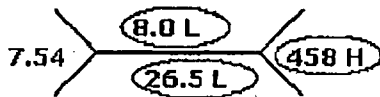
12/15/14 0330:



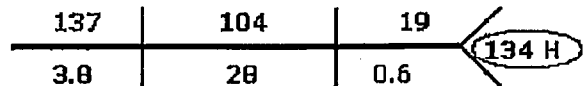
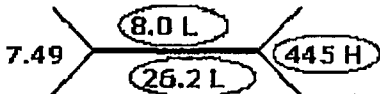
139	104	21	93
4.1	28	0.7	

12/15/14 0330:

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/15/14
Acct#: G00557360179



12/14/14 0320:



Coagulation:

	12/15
	0330
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.8
INR	1.04

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #3 CAD/VAC/GASTRO Flap

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

P: Continue ssd soaks BLE

BUE-Exsalt, replace today

Vac intact to abdomen-

Strip JP drain, empty and record drainage q 6 hours

no surg needed for facial fx currently

pt seen with Dr. Hassan 99232x2

Patient: LONG,GYLES
Unit#:G000808204
Date: 12/15/14
Acct#:G00557360179

ACCI
Plan for VAC change in the am under anesthesia
pt posted on the OR schedule

Electronically Signed by Craft-Coffman,Beretta V PA on 12/16/14 at 1849
Electronically Signed by Mullins,Robert F MD on 12/17/14 at 0829

RPT #: 1215-0382
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1215-0217 REPORT STATUS: Signed
 DATE:12/15/14 TIME: 1049

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/15/14 REP SRV TM: 1049
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Secretions thicker today , and again some some change in coloration

Objective

General

VS/I&O

Laboratory Tests:

	12/15 0810	12/15 0350	12/15 0330	12/15 0330	12/15 0330
Chemistry					
Sodium (136 - 145 MMOL/L)					139
Potassium (3.5 - 5.1 MMOL/L)					4.1
Chloride (99 - 109 MMOL/L)					104
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					11
BUN (7 - 21 MG/DL)					21
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					30.0 H
Glucose (70 - 110 MG/DL)					93
POC Glucose (70 - 110 MG/DL)	103	95			
Lactic Acid (0.4 - 2.0 MMOL/L)			0.5		
Ionized Calcium (1.13 - 1.32 mMOL/L)					0.97 L
Phosphorus (2.3 - 4.5 MG/DL)					3.4
Magnesium (1.5 - 2.4 MG/DL)					1.8
Lactate Dehydrogenase (85 - 227 UNITS/L)				204	
Creatine Kinase (39 - 308 UNITS/L)					14 L

	12/15 0330	12/14 2145	12/14 1627	12/14 1226	12/14 0808
Chemistry					
POC Glucose (70 - 110 MG/DL)		144 H	127 H	143 H	139 H

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/15/14
Acct#: G00557360179

AST (15 - 37 UNITS/L)	169 H				
ALT (12 - 78 UNITS/L)	579 H				
Amylase (25 - 115 UNITS/L)	235 H				
Lipase (73 - 393 UNITS/L)	938 H				
Coagulation					
PT (9.3 - 11.3 SECONDS)	10.8				
INR	1.04				
Hematology					
WBC (4.0 - 11.0 THOUS/uL)	7.54				
RBC (4.30 - 5.80 MIL/uL)	2.78 L				
Hgb (13.0 - 17.3 GM/DL)	8.0 L				
Hct (38.0 - 52.0 %)	26.5 L				
MCV (80.0 - 98.0 FL)	95.3				
MCH (27.0 - 34.0 PG)	28.8				
MCHC (31.5 - 36.5 G/DL)	30.2 L				
Plt Count (140 - 400 THOUS/uL)	458 H				
Band Neutrophils % (0 - 5 %)	4.3				
Segmented Neutrophils (40 - 65)	61.7				
Lymphocytes (20 - 40)	23.4				
Monocytes (2 - 8)	6.4				
Eosinophils (0 - 4)	4.3 H				
Polychromasia	MARKED				
Hypochromasia	NORMAL				
Poikilocytosis	NORMAL				
Anisocytosis	SLIGHT				
Microcytosis	NORMAL				
Macrocytosis	SLIGHT				

	12/14 0334	12/14 0320	12/14 0320	12/14 0012	12/13 2058
Chemistry					
Sodium (136 - 145 MMOL/L)			137		
Potassium (3.5 - 5.1 MMOL/L)			3.8		
Chloride (99 - 109 MMOL/L)			104		
Carbon Dioxide (21 - 32 MMOL/L)			28		
Anion Gap (9 - 18 MMOL/L)			9		
BUN (7 - 21 MG/DL)			19		
Creatinine (0.5 - 1.4 MG/DL)			0.6		
Est GFR (African Amer) (> 60)		> 60			
Est GFR (Non-Af Amer) (> 60)		> 60			
BUN/Creatinine Ratio (11.0 - 18.0)			31.7 H		
Glucose (70 - 110 MG/DL)			134 H		

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/15/14
Acct#: G00557360179

POC Glucose (70 - 110 MG/DL)	135 H		151 H	134 H
Calcium (8.5 - 10.5 MG/DL)		8.4 L		
Phosphorus (2.3 - 4.5 MG/DL)		3.2		
Magnesium (1.5 - 2.4 MG/DL)		1.9		
Total Bilirubin (0.20 - 1.00 MG/DL)		0.40		
AST (15 - 37 UNITS/L)		208 H		
ALT (12 - 78 UNITS/L)		723 H		
Alkaline Phosphatase (50 - 136 UNITS/L)		146 H		
Lactate Dehydrogenase (85 - 227 UNITS/L)	221			
Total Protein (6.4 - 8.2 GM/DL)		7.1		
Albumin (3.4 - 5.0 GM/DL)		2.0 L		
Globulin (1.5 - 3.8 GM/DL)		5.1 H		
Albumin/Globulin Ratio (1.0 - 2.2)		0.4 L		
Hematology				
WBC (4.0 - 11.0 THOUS/uL)		7.49		
RBC (4.30 - 5.80 MIL/uL)		2.79 L		
Hgb (13.0 - 17.3 GM/DL)		8.0 L		
Hct (38.0 - 52.0 %)		26.2 L		
MCV (80.0 - 98.0 FL)		93.9		
MCH (27.0 - 34.0 PG)		28.7		
MCHC (31.5 - 36.5 G/DL)		30.5 L		
Plt Count (140 - 400 THOUS/uL)		445 H		
Band Neutrophils % (0 - 5 %)		6.1 H		
Segmented Neutrophils (40 - 65)		55.7		
Lymphocytes (20 - 40)		22.6		
Monocytes (2 - 8)		6.1		
Eosinophils (0 - 4)		6.1 H		
Basophils (0 - 2)		0.9		
Myelocytes (0 - 0)		2.6 H		
Polychromasia		MARKED		
Hypochromasia		MODERATE		
Poikilocytosis		NORMAL		
Anisocytosis		SLIGHT		
Microcytosis		NORMAL		
Macrocytosis		SLIGHT		
Target Cells		FEW		
Ovalocytes		FEW		

	12/13	12/13	12/13	12/13
	1558	1310	1310	1205
Chemistry				
Sodium (136 - 145 MMOL/L)			137	

Patient: LONG, GYLES
Unit#:G000808204
Date: 12/15/14
Acct#:G00557360179

Potassium (3.5 - 5.1 MMOL/L)		3.6	
Chloride (99 - 109 MMOL/L)		104	
Carbon Dioxide (21 - 32 MMOL/L)		28	
Anion Gap (9 - 18 MMOL/L)		9	
BUN (7 - 21 MG/DL)		22 H	
Creatinine (0.5 - 1.4 MG/DL)		0.7	
Est GFR (African Amer) (>60)		> 60	
Est GFR (Non-Af Amer) (>60)		> 60	
BUN/Creatinine Ratio (11.0 - 18.0)		31.4 H	
Glucose (70 - 110 MG/DL)		206 H	
POC Glucose (70 - 110 MG/DL)	209 H		174 H
Lactic Acid (0.4 - 2.0 MMOL/L)	0.9		
Ionized Calcium (1.13 - 1.32 mMOL/L)		1.13	
Phosphorus (2.3 - 4.5 MG/DL)		3.2	
Magnesium (1.5 - 2.4 MG/DL)		2.0	
AST (15 - 37 UNITS/L)		280 H	
ALT (12 - 78 UNITS/L)		811 H	
Lactate Dehydrogenase (85 - 227 UNITS/L)		218	
C-React Prot High Sens (<7.4 MG/L)		95.9 H	
Cortisol (mcg/DL)		17.3	
Hematology			
WBC (4.0 - 11.0 THOUS/uL)		7.49	
RBC (4.30 - 5.80 MIL/uL)		2.83 L	
Hgb (13.0 - 17.3 GM/DL)		8.2 L	
Hct (38.0 - 52.0 %)		27.0 L	
MCV (80.0 - 98.0 FL)		95.4	
MCH (27.0 - 34.0 PG)		29.0	
MCHC (31.5 - 36.5 G/DL)		30.4 L	
Plt Count (140 - 400 THOUS/uL)		406 H	
Band Neutrophils % (0 - 5 %)		12.4 H	
Segmented Neutrophils (40 - 65)		61.1	
Lymphocytes (20 - 40)		18.6 L	
Monocytes (2 - 8)		6.2	
Eosinophils (0 - 4)		0.9	
Myelocytes (0 - 0)		0.9 H	
Polychromasia		NORMAL	
Hypochromasia		NORMAL	
Poikilocytosis		NORMAL	
Anisocytosis		SLIGHT	
Microcytosis		SLIGHT	
Macrocytosis		NORMAL	
ESR (0 - 20 MM/HR)		112 H	

Patient: LONG, GYLES
 Unit#:G000808204
 Date: 12/15/14
 Acct#:G00557360179

Last Documented:

	Result	Date Time
O2 Delivery	T Collar	12/15 0936
O2 Flow Rate	8	12/15 0936
Pulse Ox	100	12/15 0730
B/P	114/57	12/15 0600
Temp	36.8	12/15 0600
Pulse	91	12/15 0600
Resp	20	12/15 0600
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/15 0700	12/14 1900
Intake Total	2084	1414
Output Total	1590	1822
Balance	494	-408
Intake, IV	320	574
Intake, Oral	540	
Supplement		
Intake, TPN/PPN	384	
Intake, Tube Feeding	840	840
Number Bowel Movements	1	1
Number Emeses	0	
Number Voids	1	1
Output, Drainage		12
Output, Gastric Drainage	200	210
Output, Stool	300	525
Output, Urine	1090	1075
Patient Weight	110 kg	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/15/14
 Acct#: G00557360179

Post-op: day 9
 Status post:
 excision/temp grafting
 Antibiotics: day 4, day 5

Physical Exam

General appearance: awake
 Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
 ENT: moist mucosal membranes
 Neck: decreased range of motion, tracheostomy
 Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
 Respiratory: decreased breath sounds, rales, rhonchi
 Abdomen: soft, non-tender, normal bowel sounds
 Genitourinary: foley
 Extremities: decreased range of motion
 Musculoskeletal decreased ROM
 Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.
 Skin: dry, abnormal color

Results

Findings/Data:
 Laboratory Tests

	12/15 0810	12/15 0350	12/15 0330	12/15 0330	12/15 0330
Chemistry					
Sodium (136 - 145 MMOL/L)					139
Potassium (3.5 - 5.1 MMOL/L)					4.1
Chloride (99 - 109 MMOL/L)					104
Carbon Dioxide (21 - 32 MMOL/L)					28
Anion Gap (9 - 18 MMOL/L)					11
BUN (7 - 21 MG/DL)					21
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					30.0 H
Glucose (70 - 110 MG/DL)					93
POC Glucose (70 - 110 MG/DL)	103	95			
Lactic Acid (0.4 - 2.0 MMOL/L)			0.5		
Ionized Calcium (1.13 - 1.32 mMOL/L)					0.97 L

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/15/14
 Acct#: G00557360179

Phosphorus (2.3 - 4.5 MG/DL)			3.4
Magnesium (1.5 - 2.4 MG/DL)			1.8
Lactate Dehydrogenase (85 - 227 UNITS/L)		204	
Creatine Kinase (39 - 308 UNITS/L)			14 L

	12/15 0330	12/14 2145	12/14 1627	12/14 1226
Chemistry				
POC Glucose (70 - 110 MG/DL)		144 H	127 H	143 H
AST (15 - 37 UNITS/L)	169 H			
ALT (12 - 78 UNITS/L)	579 H			
Amylase (25 - 115 UNITS/L)	235 H			
Lipase (73 - 393 UNITS/L)	938 H			

Laboratory Tests

	12/15 0330
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.8
INR	1.04

Laboratory Tests

	12/15 0330
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	7.54
RBC (4.30 - 5.80 MIL/uL)	2.78 L
Hgb (13.0 - 17.3 GW/DL)	8.0 L
Hct (38.0 - 52.0 %)	26.5 L
MCV (80.0 - 98.0 FL)	95.3
MCH (27.0 - 34.0 PG)	28.8
MCHC (31.5 - 36.5 G/DL)	30.2 L
Plt Count (140 - 400 THOUS/uL)	458 H
Band Neutrophils % (0 - 5 %)	4.3
Segmented Neutrophils (40 - 65)	61.7
Lymphocytes (20 - 40)	23.4
Monocytes (2 - 8)	6.4
Eosinophils (0 - 4)	4.3 H
Polychromasia	MARKED
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/15/14
Acct#: G00557360179

Microcytosis	NORMAL
Macrocytosis	SLIGHT

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved, Awaiting results of bronchoscopy.(Candida so far)Started diflucan.Also now started Fortaz IV Remains afebrile. Will plan FOB if secretions remain as thick as they are in setting of mucolytics

GI:Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU:Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable .Sodium improved 139 today.

CV: No arrhythmia's

Pulm:Secretions thick Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/15/14
Acct#: G00557360179

Heme: Hgb- 8.0 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amantidine

END: glucose control improving with insulin gtt. Will continue additional 24h then transition over to vit bag. Likely steroid induced.

Liver transaminases trending downward continue to follow daily.

Lines no evid of infection. Monitor. PICC. line in

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 32 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/15/14 at 1053

RPT #: 1215-0217
END OF REPORT

Page 9 of 9

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#: 1216-0466 REPORT STATUS: Signed
 DATE: 12/16/14 TIME: 1538

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/16/14

REP SRV TM: 1538

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

Secretions continue to remain thick.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	96	12/16 1446
B/P	148/67	12/16 1446
Pulse	99	12/16 1446
Resp	17	12/16 1446
Temp	36.4	12/16 1100
O2 Delivery	T Collar	12/16 0800
O2 Flow Rate	8	12/16 0800
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/16 0700	12/15 1900
Intake Total	1844	1664
Output Total	2575	1462
Balance	-731	202
Intake, IV	260	440
Intake, Oral	360	
Supplement		
Intake, TPN/PPN	384	384
Intake, Tube Feeding	840	840
Number Bowel Movements	1	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/16/14
 Acct#: G00557360179

Number Emeses	0	
Number Voids	1	
Output, Drainage	300	162
Output, Gastric Drainage	300	
Output, Stool	200	200
Output, Urine	1775	1100
Patient Weight	110 kg	

Post-op: day 2
 Status post:
 excision/temp grafting
 Antibiotics: day 6, day 7

Physical Exam

General appearance: awake

Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils

ENT: moist mucosal membranes

Neck: decreased range of motion, tracheostomy

Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm

Respiratory: decreased breath sounds, rales, rhonchi

Abdomen: soft, non-tender, normal bowel sounds

Genitourinary: foley

Extremities: decreased range of motion

Musculoskeletal decreased ROM

Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.

Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests

	12/16	12/16	12/16	12/16	12/15
	0453	0315	0315	0053	2046
Chemistry					

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/16/14
 Acct#: G00557360179

Sodium (136 - 145 MMOL/L)	138			
Potassium (3.5 - 5.1 MMOL/L)	4.0			
Chloride (99 - 109 MMOL/L)	103			
Carbon Dioxide (21 - 32 MMOL/L)	30			
Anion Gap (9 - 18 MMOL/L)	9			
BUN (7 - 21 MG/DL)	17			
Creatinine (0.5 - 1.4 MG/DL)	0.7			
Est GFR (African Amer) (> 60)	> 60			
Est GFR (Non-Af Amer) (> 60)	> 60			
BUN/Creatinine Ratio (11.0 - 18.0)	24.3 H			
Glucose (70 - 110 MG/DL)	110			
POC Glucose (70 - 110 MG/DL)	109		122 H	121 H
Calcium (8.5 - 10.5 MG/DL)	8.6			
Ionized Calcium (1.13 - 1.32 mMOL/L)	1.12 L			
Phosphorus (2.3 - 4.5 MG/DL)	3.8			
Magnesium (1.5 - 2.4 MG/DL)	1.9			
Total Bilirubin (0.20 - 1.00 MG/DL)	0.30			
GGT (5 - 85 UNITS/L)		254 H		
AST (15 - 37 UNITS/L)	121 H	123 H		
ALT (12 - 78 UNITS/L)	445 H	450 H		
Alkaline Phosphatase (50 - 136 UNITS/L)	162 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)		197		
Total Protein (6.4 - 8.2 GM/DL)	7.2			
Albumin (3.4 - 5.0 GM/DL)	2.2 L			
Globulin (1.5 - 3.8 GM/DL)	5.0 H			
Albumin/Globulin Ratio (1.0 - 2.2)	0.4 L			
Amylase (25 - 115 UNITS/L)		247 H		
Lipase (73 - 393 UNITS/L)		891 H		

	12/15
	1627
Chemistry	
POC Glucose (70 - 110 MG/DL)	145 H

Laboratory Tests

	12/16
	0315
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	5.77
RBC (4.30 - 5.80 MIL/uL)	3.42 L
Hgb (13.0 - 17.3 GM/DL)	9.8 L
Hct (38.0 - 52.0 %)	32.7 L

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/16/14
 Acct#: G00557360179

MCV (80.0 - 98.0 FL)	95.6
MCH (27.0 - 34.0 PG)	28.7
MCHC (31.5 - 36.5 G/DL)	30.0 L
Plt Count (140 - 400 THOUS/uL)	427 H
Band Neutrophils % (0 - 5 %)	6.0 H
Segmented Neutrophils (40 - 65)	47.9
Lymphocytes (20 - 40)	21.4
Monocytes (2 - 8)	6.8
Eosinophils (0 - 4)	12.0 H
Basophils (0 - 2)	1.7
Metamyelocytes (0 - 0)	1.7 H
Myelocytes (0 - 0)	2.6 H
Polychromasia	MARKED
Hypochromasia	NORMAL
Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	SLIGHT
Target Cells	FEW
Ovalocytes	FEW
Crenated Cell	FEW

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/16/14
Acct#: G00557360179

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID: Leukocytosis resolved, Awaiting results of bronchoscopy. (Candida so far) Started diflucan. Also now started Fortaz IV Remains afebrile. Will plan FOB if secretions remain as thick as they are in setting of mucolytics

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable. Sodium improved 138 today.

CV: No arrhythmia's

Pulm: Secretions thick Bronchoscopy yesterday. Culture viral and fungal and protected brush for bacterial culture.

Heme: Hgb- 9.8 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dopp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amantidine

END: Blood sugars under better control.

Liver transaminases trending downward continue to follow daily.

Lines no evid of infection. Monitor. PICC. line in

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 24 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/16/14 at 1545

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/16/14
Acct#: G00557360179

RPT #: 1216-0466
END OF REPORT

Page 6 of 5

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1217-0360 REPORT STATUS: Signed
 DATE:12/17/14 TIME: 1325

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PA

AUTHOR: Ryan, M. Leigh S

Rep SRV DT: 12/17/14

REP SRV TM: 1325

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1

Status post: autograft, cadaver graft, wound VAC, Gastroc flap-POD #6

Subjective

Patient reports:

able to communicate, pain controlled. No: complaints, shortness of breath, swelling, vomiting.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	12/17 0952
B/P	127/58	12/17 0952
Pulse	88	12/17 0952
Resp	16	12/17 0952
O2 Delivery	T Collar	12/17 0819
O2 Flow Rate	8	12/17 0819
Temp	36.9	12/17 0600
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/17 0700	12/16 1900
Intake Total	2024	1388
Output Total	1940	1483
Balance	84	-95
Intake, IV	320	350
Intake, Oral	480	
Supplement		
Intake, Other		120
Intake,	384	288

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/17/14
 Acct#: G00557360179

TPN/PPN		
Intake, Tube Feeding	840	630
Number Bowel Movements	1	
Number Emeses	0	
Number Voids	1	
Output, Drainage	315	158
Output, Gastric Drainage	200	125
Output, Stool	450	0
Output, Urine	975	1200
Patient Weight	110 kg	

General appearance: respiratory support (Trach collar), awake, conversant
Head: atraumatic, normocephalic, scattered areas on the face are healed
Abdomen: no distention, no guarding
Skin: Dressings intact clean and dry, Vac intact and functional

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #1 SP Vac change STSG/Cadaver
 15% TBSA burn
 blast injuries to left leg abdomen and left thigh
 facial fx
 nasal fx

P: Dressings intact clean and dry
 Vac intact to abdomen and functional

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/17/14
Acct#: G00557360179

Strip JP drain, empty and record drainage q 6 hours
no surg needed for facial fx currently
ACCI

Direct supervision provided by Dr. Mullins

Electronically Signed by Ryan, M. Leigh S PA on 12/17/14 at 1336
Electronically Signed by Mullins, Robert F MD on 12/18/14 at 0733

RPT #: 1217-0360
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Critical Care Progress Note
 REPORT#:1217-0404 REPORT STATUS: Signed
 DATE:12/17/14 TIME: 1435

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F
 AUTHOR: Shaver, Joseph R

Rep SRV DT: 12/17/14 REP SRV TM: 1435
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Comments:

With very loose stool past 24 hours and have started vancocin- via feeding tube.

Objective

General

VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	97	12/17 0952
B/P	127/58	12/17 0952
Pulse	88	12/17 0952
Resp	16	12/17 0952
O2 Delivery	T Collar	12/17 0819
O2 Flow Rate	8	12/17 0819
Temp	36.9	12/17 0600
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/17 0700	12/16 1900
Intake Total	2024	1388
Output Total	1940	1483
Balance	84	-95
Intake, IV	320	350
Intake, Oral	480	
Supplement		
Intake, Other		120
Intake, TPN/PPN	384	288
Intake, Tube Feeding	840	630
Number Bowel	1	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/17/14
 Acct#: G00557360179

Movements		
Number	0	
Emeses		
Number Voids	1	
Output, Drainage	315	158
Output, Gastric Drainage	200	125
Output, Stool	450	0
Output, Urine	975	1200
Patient Weight	110 kg	

Post-op: day 3
 Status post:
 excision/temp grafting
 Antibiotics: day 7, day 8

Physical Exam

General appearance: awake
Head/Eyes: abnl conjunctiva/sclera, abnormal cornea, abnormal eyelids, abnormal fundi, abnormal periorbital, abnormal pupils
ENT: moist mucosal membranes
Neck: decreased range of motion, tracheostomy
Cardiovascular: normal capillary refill, normal heart sounds, regular rate & rhythm
Respiratory: decreased breath sounds, rales, rhonchi
Abdomen: soft, non-tender, normal bowel sounds
Genitourinary: foley
Extremities: decreased range of motion
Musculoskeletal: decreased ROM
Neuro/CNS: as above follows commands and each day so far this week improved interaction and appropriateness.
Skin: dry, abnormal color

Results

Findings/Data:

Laboratory Tests:

	12/17	12/17	12/17	12/17	12/17
	1207	0829	0511	0505	0114

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/17/14
Acct#: G00557360179

Chemistry					
Sodium (136 - 145 MMOL/L)			136		
Potassium (3.5 - 5.1 MMOL/L)			3.9		
Chloride (99 - 109 MMOL/L)			101		
Carbon Dioxide (21 - 32 MMOL/L)			29		
Anion Gap (9 - 18 MMOL/L)			10		
BUN (7 - 21 MG/DL)			21		
Creatinine (0.5 - 1.4 MG/DL)			0.7		
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)			30.0 H		
Glucose (70 - 110 MG/DL)			130 H		
POC Glucose (70 - 110 MG/DL)	153 H	144 H		138 H	130 H
Calcium (8.5 - 10.5 MG/DL)			8.5		
Ionized Calcium (1.13 - 1.32 mMOL/L)			1.13		
Phosphorus (2.3 - 4.5 MG/DL)			3.0		
Magnesium (1.5 - 2.4 MG/DL)			1.8		
Total Bilirubin (0.20 - 1.00 MG/DL)			0.30		
AST (15 - 37 UNITS/L)			95 H		
ALT (12 - 78 UNITS/L)			361 H		
Alkaline Phosphatase (50 - 136 UNITS/L)			174 H		
Total Protein (6.4 - 8.2 GM/DL)			7.2		
Albumin (3.4 - 5.0 GM/DL)			2.2 L		
Globulin (1.5 - 3.8 GM/DL)			5.0 H		
Albumin/Globulin Ratio (1.0 - 2.2)			0.4 L		
Hematology					
WBC (4.0 - 11.0 THOUS/uL)			8.63		
RBC (4.30 - 5.80 MIL/uL)			3.03 L		
Hgb (13.0 - 17.3 GM/DL)			8.8 L		
Hct (38.0 - 52.0 %)			28.8 L		
MCV (80.0 - 98.0 FL)			95.0		
MCH (27.0 - 34.0 PG)			29.0		
MCHC (31.5 - 36.5 G/DL)			30.6 L		
Plt Count (140 - 400 THOUS/uL)			534 H		
Band Neutrophils % (0 - 5 %)			1.3		
Segmented Neutrophils (40 - 65)			68.4 H		
Lymphocytes (20 - 40)			18.4 L		
Monocytes (2 - 8)			11.8 H		
Polychromasia			MODERATE		
Hypochromasia			SLIGHT		
Poikilocytosis			NORMAL		
Anisocytosis			SLIGHT		

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/17/14
Acct#: G00557360179

Microcytosis			NORMAL		
Macrocytosis			NORMAL		

	12/16 2059	12/16 1622	12/16 1146	12/16 0453	12/16 0315
Chemistry					
Sodium (136 - 145 MMOL/L)					138
Potassium (3.5 - 5.1 MMOL/L)					4.0
Chloride (99 - 109 MMOL/L)					103
Carbon Dioxide (21 - 32 MMOL/L)					30
Anion Gap (9 - 18 MMOL/L)					9
BUN (7 - 21 MG/DL)					17
Creatinine (0.5 - 1.4 MG/DL)					0.7
Est GFR (African Amer) (> 60)					> 60
Est GFR (Non-Af Amer) (> 60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					24.3 H
Glucose (70 - 110 MG/DL)					110
POC Glucose (70 - 110 MG/DL)	125 H	172 H	143 H	109	
Calcium (8.5 - 10.5 MG/DL)					8.6
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.12 L
Phosphorus (2.3 - 4.5 MG/DL)					3.8
Magnesium (1.5 - 2.4 MG/DL)					1.9
Total Bilirubin (0.20 - 1.00 MG/DL)					0.30
AST (15 - 37 UNITS/L)					121 H
ALT (12 - 78 UNITS/L)					445 H
Alkaline Phosphatase (50 - 136 UNITS/L)					162 H
Total Protein (6.4 - 8.2 GM/DL)					7.2
Albumin (3.4 - 5.0 GM/DL)					2.2 L
Globulin (1.5 - 3.8 GM/DL)					5.0 H
Albumin/Globulin Ratio (1.0 - 2.2)					0.4 L

	12/16 0315	12/16 0053	12/15 2046	12/15 1627
Chemistry				
POC Glucose (70 - 110 MG/DL)		122 H	121 H	145 H
GGT (5 - 85 UNITS/L)	254 H			
AST (15 - 37 UNITS/L)	123 H			
ALT (12 - 78 UNITS/L)	450 H			
Lactate Dehydrogenase (85 - 227 UNITS/L)	197			
Amylase (25 - 115 UNITS/L)	247 H			
Lipase (73 - 393 UNITS/L)	891 H			
Hematology				

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/17/14
 Acct#: G00557360179

WBC (4.0 - 11.0 THOUS/uL)	5.77			
RBC (4.30 - 5.80 MIL/uL)	3.42 L			
Hgb (13.0 - 17.3 GM/DL)	9.8 L			
Hct (38.0 - 52.0 %)	32.7 L			
MCV (80.0 - 98.0 FL)	95.6			
MCH (27.0 - 34.0 PG)	28.7			
MCHC (31.5 - 36.5 G/DL)	30.0 L			
Plt Count (140 - 400 THOUS/uL)	427 H			
Band Neutrophils % (0 - 5 %)	6.0 H			
Segmented Neutrophils (40 - 65)	47.9			
Lymphocytes (20 - 40)	21.4			
Monocytes (2 - 8)	6.8			
Eosinophils (0 - 4)	12.0 H			
Basophils (0 - 2)	1.7			
Metamyelocytes (0 - 0)	1.7 H			
Myelocytes (0 - 0)	2.6 H			
Polychromasia	MARKED			
Hypochromasia	NORMAL			
Poikilocytosis	NORMAL			
Anisocytosis	SLIGHT			
Microcytosis	NORMAL			
Macrocytosis	SLIGHT			
Target Cells	FEW			
Ovalocytes	FEW			
Crenated Cell	FEW			

Microbiology:

Date/Time	Procedure - Status
Source	Growth
12/17 1410	Anaerobic Blood Culture - RECD
BLOOD	
12/17 1410	Aerobic Blood Culture - RECD
BLOOD	
12/17 1230	C. difficile Antigen & Toxins A,B - RECD
STOOL	
12/17 1230	Clostridium difficile Toxin A & B - RECD
STOOL	
12/17 1230	Clostridium difficile Antigen (MIC) - RECD
STOOL	
12/17 1230	Anaerobic Blood Culture - RECD
BLOOD	
12/17 1230	Aerobic Blood Culture - RECD

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/17/14
 Acct#: G00557360179

BLOOD
12/16 1855 Clostridium difficile Antigen (MIC) - COMP
STOOL
12/16 1855 C. difficile Antigen & Toxins A,B - COMP
STOOL
12/16 1855 Clostridium difficile Toxin A & B - COMP
STOOL
12/16 1855 Clostridium difficile Antigen (MIC) - COMP
STOOL

Recent Impressions:

RADIOLOGY - CHEST AP PORT 12/17 0520

*** Report Impression - Status: SIGNED Entered: 12/17/2014 0825

IMPRESSION:.

No significant interval change. Continued right lung base atelectasis with a poor inspiration.

Impression By: ARRLA - EUGENE ARRINGTON, MD

Laboratory Tests

	12/17 1207	12/17 0829	12/17 0511	12/17 0505	12/17 0114
Chemistry					
Sodium (136 - 145 MMOL/L)			136		
Potassium (3.5 - 5.1 MMOL/L)			3.9		
Chloride (99 - 109 MMOL/L)			101		
Carbon Dioxide (21 - 32 MMOL/L)			29		
Anion Gap (9 - 18 MMOL/L)			10		
BUN (7 - 21 MG/DL)			21		

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/17/14
 Acct#: G00557360179

Creatinine (0.5 - 1.4 MG/DL)			0.7		
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)			30.0 H		
Glucose (70 - 110 MG/DL)			130 H		
POC Glucose (70 - 110 MG/DL)	153 H	144 H		138 H	130 H
Calcium (8.5 - 10.5 MG/DL)			8.5		
Ionized Calcium (1.13 - 1.32 mMol/L)			1.13		
Phosphorus (2.3 - 4.5 MG/DL)			3.0		
Magnesium (1.5 - 2.4 MG/DL)			1.8		
Total Bilirubin (0.20 - 1.00 MG/DL)			0.30		
AST (15 - 37 UNITS/L)			95 H		
ALT (12 - 78 UNITS/L)			361 H		
Alkaline Phosphatase (50 - 136 UNITS/L)			174 H		
Total Protein (6.4 - 8.2 GM/DL)			7.2		
Albumin (3.4 - 5.0 GM/DL)			2.2 L		
Globulin (1.5 - 3.8 GM/DL)			5.0 H		
Albumin/Globulin Ratio (1.0 - 2.2)			0.4 L		

	12/16	12/16
	2059	1622
Chemistry		
POC Glucose (70 - 110 MG/DL)	125 H	172 H

Laboratory Tests

	12/17
	0511
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	8.63
RBC (4.30 - 5.80 MIL/uL)	3.03 L
Hgb (13.0 - 17.3 GM/DL)	8.8 L
Hct (38.0 - 52.0 %)	28.8 L
MCV (80.0 - 98.0 FL)	95.0
MCH (27.0 - 34.0 PG)	29.0
MCHC (31.5 - 36.5 G/DL)	30.6 L
Plt Count (140 - 400 THOUS/uL)	534 H
Band Neutrophils % (0 - 5 %)	1.3
Segmented Neutrophils (40 - 65)	68.4 H
Lymphocytes (20 - 40)	18.4 L
Monocytes (2 - 8)	11.8 H
Polychromasia	MODERATE
Hypochromasia	SLIGHT

Patient: LONG, GYLES
Unit#:G000808204
Date: 12/17/14
Acct#:G00557360179

Poikilocytosis	NORMAL
Anisocytosis	SLIGHT
Microcytosis	NORMAL
Macrocytosis	NORMAL

Microbiology

Date/Time	Procedure - Status
Source	Growth
12/16 1855	Clostridium difficile Antigen (MIC) - COMP STOOL
12/16 1855	C. difficile Antigen & Toxins A,B - COMP STOOL
12/16 1855	Clostridium difficile Toxin A & B - COMP STOOL
12/16 1855	Clostridium difficile Antigen (MIC) - COMP STOOL

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Oxygen: ventilator

Ventilator: SIMV

Lines: arterial, CVC

Drains/tube:

Drains/tube: urinary catheter, OGT

Tube feeding: Yes (Impact at 20ml/h)

TPN: Yes

Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Assessment/Plan:

55yo WM involved in dynamite explosion at work 11/20/14, -30% involvement.

Burns--30 %. Avulsion to LLE. WC-topical. Ongoing surgical needs. Needs further grafting.

ID:Leukocytosis resolved, Awaiting results of bronchoscopy.(Candida so far)Started diflucan.Also now started Fortaz IV Remains afebrile. Will plan FOB if secretions remain as

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/17/14
Acct#: G00557360179

thick as they are in setting of mucolytics

Loose Stool- c diff positive starting vancocin.

GI: Inability to feed. GI consulted for PEG/J- Impact at 60ml/h. Neostigmine gtt started, + stool on cathartics. Remains on ppi for stress ulcer vits for free radical scavenging. CT of abdomen nonspecific small ascites.

GU: Hypertonicity improved with D5 in vits. Adjust to 1/2NS. Lytes stable. Sodium improved 138 today.

CV: No arrhythmias

Pulm: Secretions thick Culture viral from bronch negative.

Heme: Hgb- 9.8 Will give another round of IV Iron

DVT: Remains on LMWH, foot pump. No new lower ext edema, dpp 11/24-negative.

Pain/Sedation: Remains on methadone/xanax. Continue on amantidine but will hold further provigil as liver transaminases increased D/C Amantidine Liver transaminases continue to trend downward.

END: Blood sugars under better control.

Liver transaminases trending downward continue to follow daily.

Lines no evid of infection. Monitor. PICC. line in

Disp: Pt remains critically ill with 30% partial/full thickness blast injury with significant trauma/avulsions. 1 hour and 28 min critical care time spent with this patient. This is time spent above and beyond anytime required for any critical care procedures required for this patient's critical care management so far today.

Electronically Signed by Shaver, Joseph R MD on 12/17/14 at 1439

RPT #: 1217-0404
END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG,GYLES SEX: M EXAM DATE: 12/17/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/17/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ards

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001681178 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
ARDS.
Discussion.

Today's portable chest is compared to the most recent chest x-ray. Allowing for differences in technique with motion and a poor inspiration there is continued atelectasis in the right lung base. Cardiac silhouette and vascularity are stable. The trachea is midline. There is no pneumothorax. Permanent tracheostomy and left subclavian line are stable

IMPRESSION:..

No significant interval change. Continued right lung base atelectasis with a poor inspiration.

** Electronically Signed by EUGENE ARRINGTON MD **
** on 12/17/2014 at 0821 **
Reported and signed by: EUGENE ARRINGTON,MD

CC:

PRINTED BY: 12/17/2014 (0821) BY: DP-ADN-A
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)

Burn Progress Note

REPORT#:1218-0310 REPORT STATUS: Signed

DATE:12/18/14 TIME: 1222

PATIENT: LONG, GYLES

ACCOUNT#: G00557360179

AGE: 55 SEX: M

MD

ADM DT: 11/21/14

PA

Rep SRV DT: 12/18/14

UNIT #: G000808204

ROOM/BED: G.BU10-1

ATTEND: Mullins, Robert F

AUTHOR: Velasquez, Melania

REP SRV TM: 1222

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2

Status post: autograft, cadaver graft, wound VAC, Gastroc flap-POD #7

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

able to communicate. No: complaints, nausea, vomiting.

Nursing reports:

able to communicate. No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Resp	26	12/18 1217
Pulse Ox	98	12/18 0730
O2 Delivery	Nasal Cannula	12/18 0730
O2 Flow Rate	5	12/18 0730
B/P	114/55	12/18 0627
Temp	99.0	12/18 0627
Pulse	92	12/18 0627
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/18 0700	12/17 1900
Intake Total	2020	1854
Output Total	1579	1610
Balance	441	244
Intake, IV	156	739
Intake, Other	400	415
Intake, TPN/PPN	384	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/18/14
 Acct#: G00557360179

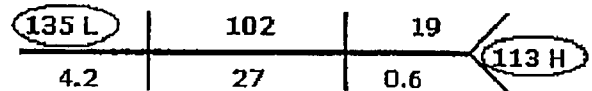
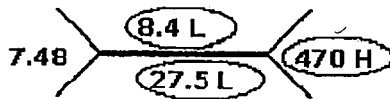
Intake, Tube Feeding	840	700
Intake, Tube Irrigant	240	
Number Bowel Movements	1	
Output, Drainage	105	110
Output, Gastric Drainage	100	100
Output, Stool	125	300
Output, Urine	1249	1100

General appearance: alert, awake, conversant, face symmetrical, mental status normal, oriented, no acute distress
Head: atraumatic, normocephalic, scattered areas on the face are healed
Eyes: EOMI
Neck: trach in placed
Abdomen: no distention, no guarding, wound vac in placed, intact, functional
Skin: dressing clean dry, slightly dishevel to B things, revealing a FT burn to L thigh. no signs or symptoms of infection.

Results

Findings/Data:
 Laboratory Tests

12/18/14 0205:

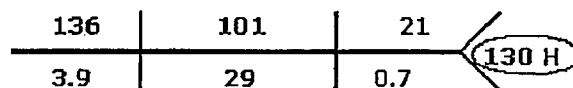
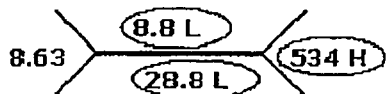


12/17/14 2150:



Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/18/14
 Acct#: G00557360179

12/17/14 0511:



Coagulation:

	12/18 0205
Coagulation	
PT (9.3 - 11.3 SECONDS)	10.9
INR	1.05
PTT (21.9 - 31.4 SECONDS)	35.2 H

Microbiology:

12/17 1445 BLOOD: Anaerobic Blood Culture - RECD
 12/17 1445 BLOOD: Aerobic Blood Culture - RECD
 12/17 1410 BLOOD: Anaerobic Blood Culture - RECD
 12/17 1410 BLOOD: Aerobic Blood Culture - RECD
 12/17 1230 STOOL: C. difficile Antigen & Toxins A,B - CAN
 Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
 12/17 1230 STOOL: Clostridium difficile Toxin A & B - CAN
 Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
 12/17 1230 STOOL: Clostridium difficile Antigen (MIC) - CAN
 Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
 12/17 1230 BLOOD: Anaerobic Blood Culture - RECD
 12/17 1230 BLOOD: Aerobic Blood Culture - RECD
 12/16 1855 STOOL: Clostridium difficile Antigen (MIC) - COMP
 12/16 1855 STOOL: C. difficile Antigen & Toxins A,B - COMP
 12/16 1855 STOOL: Clostridium difficile Toxin A & B - COMP
 12/16 1855 STOOL: Clostridium difficile Antigen (MIC) - COMP

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/18/14
Acct#: G00557360179

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #2 SP Vac change STSG/Cadaver
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx

P: Dressings intact clean and dry
Vac intact to abdomen and functional
Strip JP drain, empty and record drainage q 6 hours
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI

Direct supervision provided by Dr. Homsombathx2

Electronically Signed by Velasquez, Melania PA on 12/18/14 at 1228

Electronically Signed by Homsombath, Bounthavy H MD on 12/18/14 at 1505

RPT #: 1218-0310
END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road -

Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/18/2014

OD PHYSICIAN: Shaver, Joseph R M ADM: 11/21/2014 ORDERED: 12/18/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: ards

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001681496 CHEST AP PORT

Interest/reason for exam:: CPT CODE:
71010

HISTORY:
ARDS

Findings:

Portable chest demonstrates improved aeration the lower lobes with persistent cardiomegaly. Vascular congestion. Support devices in stable position. No pneumothorax.

Impression:

Interval decreased basilar atelectasis.

** Electronically Signed by MICHAEL DAVID LONGE MD **
** on 12/18/2014 at 0854 **
Reported and signed by: MICHAEL DAVID LONGE, MD

CC:

DATE 12/18/2014 (0854) BY DR LONGE
PRINTED BY: 4120372 DATE 07/31/2015
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Burn Progress Note
REPORT#:1219-0340 REPORT STATUS: Signed
DATE:12/19/14 TIME: 1208

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
MD

UNIT #: G000808204
ROOM/BED: G.BU10-1
ATTEND: Mullins, Robert F

ADM DT: 11/21/14
Craft-Coffman, Beretta V PA
Rep SRV DT: 12/19/14

AUTHOR:

REP SRV TM: 1208

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3

Status post: autograft, cadaver graft, wound VAC, Gastroc flap-POD#8

Subjective

Chief Complaint:

hx of Trauma

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	12/19 0605
B/P	133/64	12/19 0605
Temp	36.8	12/19 0605
Pulse	84	12/19 0605
Resp	18	12/19 0605
O2 Delivery	Room Air	12/18 2220
O2 Flow Rate	0	12/18 2220
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/19 0700	12/18 1900
Intake Total	1294	1824
Output Total	2000	2005
Balance	-706	-181
Intake, Blood Product	0	
Intake, IV	444	60
Intake, Oral	10	540
Intake, TPN/PPN		384
Intake, Tube Feeding	840	840

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/19/14
 Acct#: G00557360179

Output, Drainage		105
Output, Emesis	0	
Output, Gastric Drainage	0	
Output, Other		120
Output, Stool	100	100
Output, Urine	1900	1680
Patient Weight	110 kg	

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic, scattered areas on the face are healed

Eyes: EOMI

Neck: trach in placed

Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.

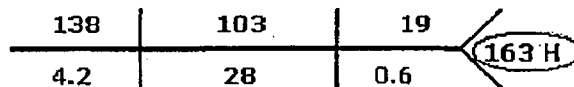
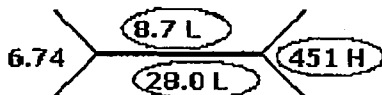
Skin: stsg look viable. cadaver is stuck. mepilex ag to the lateral left thigh is adherent too. No signs of infection. minimal output from the drain.

Results

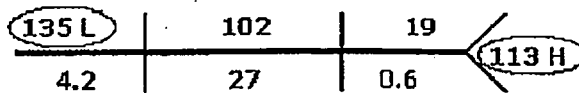
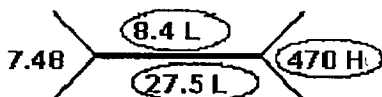
Findings/Data:

Laboratory Tests

12/19/14 0210:



12/18/14 0205:



Patient: LONG, GYLES
Unit#: G000808204
Date: 12/19/14
Acct#: G00557360179

12/17/14 2150:



Microbiology:

12/17 1445 BLOOD: Anaerobic Blood Culture - RES
12/17 1445 BLOOD: Aerobic Blood Culture - RES
12/17 1410 BLOOD: Anaerobic Blood Culture - RES
12/17 1410 BLOOD: Aerobic Blood Culture - RES
12/17 1230 STOOL: C. difficile Antigen & Toxins A,B - CAN
Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
12/17 1230 STOOL: Clostridium difficile Toxin A & B - CAN
Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
12/17 1230 STOOL: Clostridium difficile Antigen (MIC) - CAN
Cancelled: DUPLICATE - ASSAY RAN ON 12/16/14
12/17 1230 BLOOD: Anaerobic Blood Culture - RES
12/17 1230 BLOOD: Aerobic Blood Culture - RES
12/16 1855 STOOL: Clostridium difficile Antigen (MIC) - COMP
12/16 1855 STOOL: C. difficile Antigen & Toxins A,B - COMP
12/16 1855 STOOL: Clostridium difficile Toxin A & B - COMP
12/16 1855 STOOL: Clostridium difficile Antigen (MIC) - COMP

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #3 SP Vac change STSG/Cadaver
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: replace exalt

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/19/14
Acct#: G00557360179

Vac intact to abdomen and functional
JP drain removed today
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely over the next 4 days
pt to be kept NPO after midnight- possible OR in the am
D/W patient and his wife

Direct supervision provided by Dr. Homsombathx2

Electronically Signed by Craft-Coffman, Beretta V PA on 12/19/14 at 1214
Electronically Signed by Mullins, Robert F MD on 12/22/14 at 0817

RPT #: 1219-0340
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Burn Progress Note
REPORT#:1220-0502 REPORT STATUS: Signed
DATE:12/20/14 TIME: 1741

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
MD

UNIT #: G000808204
ROOM/BED: G.BU10-1
ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Lack, Kevin C PA

Rep SRV DT: 12/20/14

REP SRV TM: 1741

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 4

Status post: autograft, cadaver graft, wound VAC, Gastroc flap-POD#8

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

able to communicate. No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	12/20 1536
Pulse	109	12/20 1536
Resp	24	12/20 1536
B/P	126/60	12/20 1412
O2 Delivery	Room Air	12/19 2225
Temp	36.7	12/19 1759
O2 Flow Rate	99	12/19 0720
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/20 0700	12/19 1900
Intake Total	1884	2584
Output Total	2050	1580
Balance	-166	1004
Intake, IV	60	160
Intake, Oral	720	1200
Intake, TPN/PPN	264	384
Intake, Tube Feeding	840	840

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/20/14
 Acct#: G00557360179

Output, Drainage	100	100
Output, Stool		50
Output, Urine	1950	1430

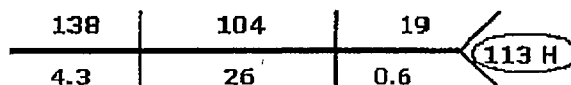
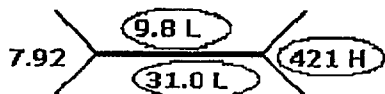
General appearance: alert, awake, conversant
Head: atraumatic, normocephalic, scattered areas on the face are healed
Eyes: EOMI
Neck: trach in placed
Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.
Skin: dressing dry and intact, vac in place and fxn

Results

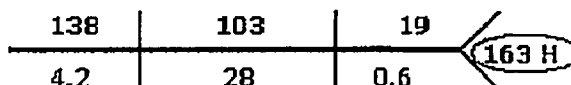
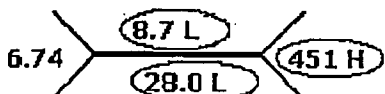
Findings/Data:

Laboratory Tests

12/20/14 0430:



12/19/14 0210:



Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/20/14
Acct#: G00557360179

A: POD #4 SP Vac change STSG/Cadaver
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: replace exalt
Vac intact to abdomen and functional
JP drain removed today
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely over the next 4 days
pt to be kept NPO after midnight- possible OR in the am
D/W patient and his wife

Direct supervision provided by Dr. Mullinsx2

Electronically Signed by Lack, Kevin C PA on 12/20/14 at 1742
Electronically Signed by Mullins, Robert F MD on 12/22/14 at 0817

RPT #: 1220-0502
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1222-0326 REPORT STATUS: Signed
 DATE:12/22/14 TIME: 1400

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins,Robert F

ADM DT: 11/21/14
 Craft-Coffman,Beretta V PA
 Rep SRV DT: 12/22/14

AUTHOR:

REP SRV TM: 1400

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1

Status post: cadaver graft (to the abdomen)

Subjective

Chief Complaint:

hx of Trauma

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	96	12/22 1121
B/P	137/58	12/22 1121
Temp	36.6	12/22 1121
Pulse	90	12/22 1121
Resp	18	12/22 1121
O2 Delivery	Room Air	12/21 2143
O2 Flow Rate	99	12/19 0720
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/22 0700	12/21 1900
Intake Total	1884	2030
Output Total		1335
Balance	1884	695
Intake, IV	60	380
Intake, Oral	720	250
Intake, Other		840
Intake, TPN/PPN	264	
Intake, Tube Feeding	840	560
Number		2

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/22/14
 Acct#: G00557360179

Bowel Movements	
Number Emeses	0
Output, Estimated Blood Loss	5
Output, Gastric Drainage	0
Output, Stool	300
Output, Urine	1030

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic, scattered areas on the face are healed

Eyes: EOMI

Neck: trach in placed

Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.

Skin: dressing dry and intact, vac in place and fxn (to bue and ble), abdomen is moist.

Results

Findings/Data:

Laboratory Tests

12/22/14 0345:

9.32 $\left(\begin{array}{c} 9.8 L \\ 31.6 L \end{array} \right) 360$

$\left(\begin{array}{c} 135 L \\ 4.2 \end{array} \right) \left| \begin{array}{c} 102 \\ 25 \end{array} \right| \left| \begin{array}{c} 18 \\ 0.7 \end{array} \right| \left(\begin{array}{c} 152 H \end{array} \right)$

12/21/14 0320:

8.20 $\left(\begin{array}{c} 9.3 L \\ 30.0 L \end{array} \right) \left(\begin{array}{c} 403 H \end{array} \right)$

$\left(\begin{array}{c} 138 \\ 4.1 \end{array} \right) \left| \begin{array}{c} 104 \\ 25 \end{array} \right| \left| \begin{array}{c} 20 \\ 0.6 \end{array} \right| \left(\begin{array}{c} 123 H \end{array} \right)$

Treatment & Prophylaxis

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/22/14
Acct#: G00557360179

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #1 Cadaver
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: replaced exalt in OR yesterday
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely 12/26/14 to do STSG
D/W patient and his wife
Check cadver today and place in exalt
Direct supervision provided by Dr. Mullins x2

Electronically Signed by Craft-Coffman, Beretta V PA on 12/22/14 at 1404
Electronically Signed by Mullins, Robert F MD on 12/23/14 at 0818

RPT #: 1222-0326
END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1223-0555 REPORT STATUS: Signed
 DATE:12/23/14 TIME: 2021

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins,Robert F

ADM DT: 11/21/14
 Craft-Coffman,Beretta V PA
 Rep SRV DT: 12/23/14

AUTHOR:

REP SRV TM: 2021

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2

Status post: cadaver graft (to the abdomen)

Subjective

Chief Complaint:

hx of Trauma

Objective

VS/I&O:

Last Documented:

	Result	Date Time
O2 Delivery	Room Air	12/23 2003
Pulse Ox	97	12/23 1703
B/P	108/69	12/23 1703
Temp	37.0	12/23 1703
Pulse	96	12/23 1703
Resp	23	12/23 1703
O2 Flow Rate	99	12/19 0720
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/23 0700	12/22 1900
Intake Total	2124	2039
Output Total	2650	2345
Balance	-526	-306
Intake, IV	324	155
Intake, Oral	960	600
Intake, TPN/PPN		264
Intake, Tube Feeding	840	840
Intake, Tube Irrigant		180

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/23/14
Acct#: G00557360179

Output, Stool	50	70
Output, Urine	2600	2275
Patient Weight		110 kg

General appearance: alert, awake, conversant
Head: atraumatic, normocephalic, scattered areas on the face are healed
Eyes: EOMI
Neck: trach in placed
Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.
Skin: dressing intact

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #2 Cadaver
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: replaced exalt in OR, abdomen exalt replaced today
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely 12/26/14 to do STSG
D/W patient and his wife
Direct supervision provided by Dr. Mullins x2

Electronically Signed by Craft-Coffman, Beretta V PA on 12/23/14 at 2023
Electronically Signed by Mullins, Robert F MD on 12/25/14 at 2012

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/23/14
Acct#: G00557360179

RPT #: 1223-0555
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1224-0338 REPORT STATUS: Signed
 DATE:12/24/14 TIME: 1406

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Lack, Kevin C PA

Rep SRV DT: 12/24/14

REP SRV TM: 1406

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3

Status post: cadaver graft (to the abdomen)

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

able to communicate. No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	96	12/24 1119
B/P	112/69	12/24 1119
Temp	36.9	12/24 1119
Pulse	97	12/24 1119
Resp	26	12/24 1119
O2 Delivery	Room Air	12/23 2003
O2 Flow Rate	99	12/19 0720
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/24 0700	12/23 1900
Intake Total	1644	1037
Output Total		2000
Balance	1644	-963
Intake, IV	324	267
Intake, Oral	480	
Intake, Tube Feeding	840	770
Number Bowel	2	

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/24/14
 Acct#: G00557360179

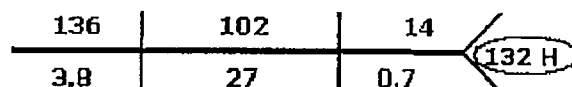
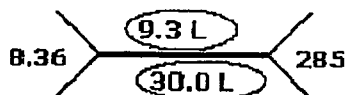
Movements		
Number Voids	3	
Output, Urine		2000

General appearance: alert, awake, conversant
Head: atraumatic, normocephalic, scattered areas on the face are healed
Eyes: EOMI
Neck: trach in placed
Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.
Skin: dressing intact

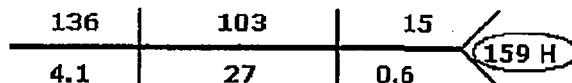
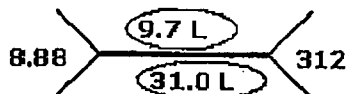
Results

Findings/Data:
Laboratory Tests

12/24/14 0300:



12/23/14 0615:



Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #3 Cadaver

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/24/14
Acct#: G00557360179

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: replaced exalt in OR, abdomen exalt replaced 12/23/14
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely 12/26/14 to do STSG
D/W patient and his wife
Direct supervision provided by Dr. Mullins x2

Electronically Signed by Lack, Kevin C PA on 12/24/14 at 1408
Electronically Signed by Mullins, Robert F MD on 12/25/14 at 2013

RPT #: 1224-0338
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1225-0139 REPORT STATUS: Signed
 DATE:12/25/14 TIME: 0952

PATIENT: LONG,GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 PA

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins,Robert F
 AUTHOR: Miller,Janice M

Rep SRV DT: 12/25/14

REP SRV TM: 0952

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 4

Status post: cadaver graft (to the abdomen)

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

No: complaints.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	96	12/25 0800
B/P	108/59	12/25 0755
Pulse	95	12/25 0755
Resp	— 22	12/25 0755
Temp	36.8	12/25 0449
O2 Delivery	Room Air	12/23 2003
O2 Flow Rate	99	12/19 0720
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	12/25 0700	12/24 1900
Intake Total	2412	
Output Total		
Balance	2412	
Intake, IV	242	
Intake, Oral	1000	
Intake, Oral Supplement	400	

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/25/14
Acct#: G00557360179

Intake, Tube	770	
Feeding		
Number	4	
Bowel		
Movements		
Number Voids	5	

General appearance: alert, awake, conversant (up in chair)
Head: atraumatic, normocephalic, scattered areas on the face are healed
Eyes: EOMI
Neck: trach in placed
Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.
Skin: dressing intact

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: POD #4 Cadaver

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

s/p gastroc flap

P: replaced exalt in OR, abdomen exalt replaced 12/23/14

no surg needed for facial fx currently

OOB to chair with PT - increase activity

ACCI

OR likely 12/26/14 to do STSG

D/W patient and his wife

Direct supervision provided by Dr. Homsombath x2

Electronically Signed by Miller, Janice M PA on 12/25/14 at 0955

Electronically Signed by Homsombath, Bounthavy H MD on 12/26/14 at 0816

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/25/14
Acct#: G00557360179

RPT #: 1225-0139
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1227-0447 REPORT STATUS: Signed
 DATE:12/27/14 TIME: 1738

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/27/14

AUTHOR:

REP SRV TM: 1738

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1
 Status post: porcine graft

Subjective

Chief Complaint:
 hx of Trauma

Objective

VS/I&O:

Last Documented:

	Result	Date Time
O2 Delivery	Nasal Cannula	12/27 0822
O2 Flow Rate	2	12/27 0822
Pulse Ox	98	12/27 0800
B/P	143/62	12/27 0725
Temp	36.5	12/27 0725
Pulse	100	12/27 0725
Resp	22	12/27 0725
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/27 0700	12/26 1900
Intake Total	1360	2702
Output Total	200	1450
Balance	1160	1252
Intake, IV		20
Intake, Oral	1000	1000
Intake, Other		700
Intake, Packed Cells		694
Intake, TPN/PPN	110	88
Intake, Tube	250	200

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/27/14
 Acct#: G00557360179

Feeding		
Number	0	
Bowel		
Movements		
Number	0	
Emeses		
Number Voids	6	
Output,		250
Estimated		
Blood Loss		
Output,		1200
Gastric		
Drainage		
Output, Urine	200	

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic, scattered areas on the face are healed

Eyes: EOMI

Neck: trach in placed

Abdomen: no distention, no guarding, wound vac in placed, intact, functional -large amount of drainage from the cannister.

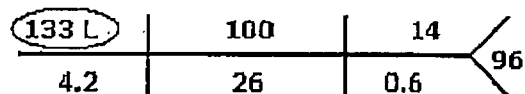
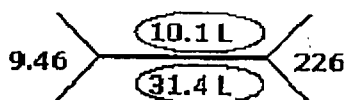
Skin: dressing intact, moist

Results

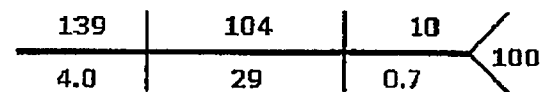
Findings/Data:

Laboratory Tests

12/27/14 0230:



12/26/14 0330:



Coagulation:

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/27/14
Acct#: G00557360179

	12/27
	0230
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.0
INR	1.05

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: S/p porcine
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: keep moist
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
OR likely 12/28/14 to do STSG
Direct supervision provided by Dr. mullins x2
NPO after midnight

Electronically Signed by Craft-Coffman, Beretta V PA on 12/27/14 at 1741

Electronically Signed by Mullins, Robert F MD on 12/28/14 at 1716

RPT #: 1227-0447

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 1229-0425 REPORT STATUS: Signed
 DATE: 12/29/14 TIME: 1444

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/29/14

AUTHOR:

REP SRV TM: 1444

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 1
 Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Comments:

c/o knee pain of the left knee

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	99	12/29 1050
B/P	137/69	12/29 1050
Pulse	97	12/29 1050
Resp	18	12/29 1050
O2 Delivery	Nasal Cannula	12/29 0800
O2 Flow Rate	3	12/29 0800
Temp	37.1	12/29 0350
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/29 0700	12/28 1900
Intake Total	2126	1946
Output Total	4200	2300
Balance	-2074	-354
Intake, Oral	1250	800
Intake, Other		1000
Intake, TPN/PPN	276	46
Intake, Tube Feeding	600	100

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/29/14
 Acct#: G00557360179

Number Bowel Movements	0	
Number Voids	5	
Output, Estimated Blood Loss		100
Output, Gastric Drainage	50	1000
Output, Stool	0	
Output, Urine	4150	1200

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs are adherent to all areas. no seroma or hematoma. 2 areas on abdomen are deep. packing with exalt. donor with cutercin on back, moist.

Results

Findings/Data:

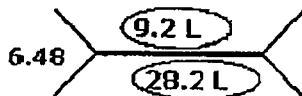
Laboratory Tests

12/29/14 0945:



137	104	10	111 H
3.5	27	0.5	

12/29/14 0555:



12/28/14 0410:

Patient: LONG, GYLES
Unit#:G000808204
Date: 12/29/14
Acct#:G00557360179

8.87 $\left\{ \begin{array}{l} 10.5 L \\ 33.2 L \end{array} \right.$ 252

138	103	11	$\leftarrow 123 H$
4.8	27	0.5	

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: S/p porcine
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: place in exalt
pack 2 areas on the abdomen daily
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
xray left knee
Direct supervision provided by Dr. mullins x2

Electronically Signed by Craft-Coffman, Beretta V PA on 12/29/14 at 1452
Electronically Signed by Mullins, Robert F MD on 12/30/14 at 0806

RPT #: 1229-0425
END OF REPORT

DOCTORS HOSPITAL
PHONE #: 706-651-6501

DIAGNOSTIC IMAGING
- 3651 Wheeler Road

- Augusta, GA 30901
FAX #: 706-651-3701

PATIENT TYPE: ADM IN LOC/RM: G.BURN/G.BU10 DOB: 09/17/1959

PATIENT NAME: LONG, GYLES SEX: M EXAM DATE: 12/29/2014

OD PHYSICIAN: Mullins, Robert F ADM: 11/21/2014 ORDERED: 12/29/2014

MED RECORD #: G000808204 AC#: G00557360179 BATCH #: N/A

REASON: RAD: for exam: POST

ADMISSION CLINICAL DATA: EXPLOSION FROM DYNAMITE FACE STOMACH CHE

EXAMS:
001684694 KNEE 2 VWS LT

Interest/reason for exam:: CPT CODE:
73560

HISTORY:
Postoperative

Findings: Two views of the left knee demonstrate numerous surgical clips. Lucency overlies the tibial shaft on the lateral view but is not well seen on the frontal and is likely related to overlapping structures. Otherwise, no acute fracture or dislocation is seen. Mild patellar osteophytosis is present.

Impression:

Extensive postoperative change. Mild patellar osteophytosis

** Electronically Signed by WILLIAM JOHNSON MD **
** on 12/30/2014 at 0847 **
Reported and signed by: WILLIAM JOHNSON, MD

CC:

DATE 12/30/2014 (0847) BY DR. JOHNSON
PRINTED BY: 1220342
PAGE 1 Signed Report

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1230-0557 REPORT STATUS: Signed
 DATE:12/30/14 TIME: 1636

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.BU10-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 12/30/14

AUTHOR:

REP SRV TM: 1636

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 2
 Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Comments:

placed in exalt yesterday

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	12/30 0855
O2 Delivery	Room Air	12/30 0216
B/P	141/67	12/29 1940
Temp	36.4	12/29 1930
Pulse	96	12/29 1930
Resp	21	12/29 1930
O2 Flow Rate	3	12/29 0800
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/30 0700	12/29 1900
Intake Total	1424	2416
Output Total	1165	800
Balance	259	1616
Intake, IV		100
Intake, Oral	1160	1440
Intake, TPN/PPN	264	276
Intake, Tube Feeding		600

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 12/30/14
 Acct#: G00557360179

Number Voids		2
Output, Urine	1165	800

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

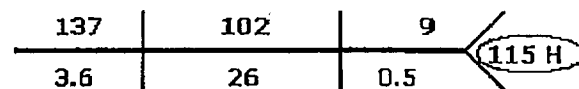
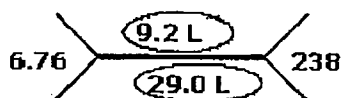
Skin: stsg to the abdomen and legs are adherent to all areas. no seroma or hematoma. 2 areas on abdomen are deep. packing with exalt- all on exam yesterday. Dressings are intact today. donor with cutercin on back- dryer than yesterday.

Results

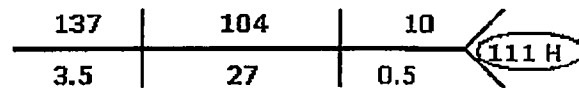
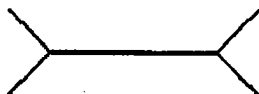
Findings/Data:

Laboratory Tests

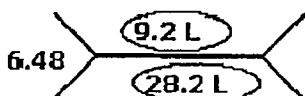
12/30/14 0306:



12/29/14 0945:



12/29/14 0555:



DOCTORS HOSPITAL - 3651 Wheeler Road
 GA 30909
 Phone #: 706-651-6501
 706-651-3701

Augusta,
 Fax #:

Patient: LONG,GYLES
Unit#:G000808204
Date: 12/30/14
Acct#:G00557360179

Patient Type: ADM IN
09/17/1959

Loc/Rm: G.BURN/G.BU10 DOB:

Patient Name: LONG,GYLES
12/29/2014

Sex: M

Exam Date:

OD Physician: Mullins,Robert F
12/29/2014

Adm: 11/21/2014

Ordered:

Med Record #: G000808204
N/A

AC#: G00557360179

Batch #:

Reason:
exam: POST OP

Rad: for

Admission Clinical Data: EXPLOSION FROM DYNAMITE FACE STOMACH
CHEST TH

Exams:
CPT CODE:

Interest/reason for exam::

001684694 KNEE 2 VWS LT
73560

HISTORY:

Postoperative

Findings: Two views of the left knee demonstrate numerous
surgical clips. Lucency overlies the tibial shaft on the lateral view
but is not well seen on the frontal and is likely related to
overlapping structures. Otherwise, no acute fracture or dislocation is
seen. Mild patellar osteophytosis is present.

Impression:

Patient: LONG,GYLES
Unit#:G000808204
Date: 12/30/14
Acct#:G00557360179

Extensive postoperative change. Mild patellar osteophytosis

** Electronically Signed by MD WILLIAM JOHNSON **

** on 12/30/2014 at 0847 **

Reported and Signed by: WILLIAM JOHNSON,MD

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

s/p gastroc flap

P: placed in exalt on 12/29

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/30/14
Acct#: G00557360179

pack 2 areas on the abdomen daily
no surg needed for facial fx currently
OOB to chair with PT - increase activity
ACCI
xray left knee-patella osteophytes
Direct supervision provided by Dr. mullins x2
pt up in an chair today- begin walking tomorrow

Electronically Signed by Craft-Coffman, Beretta V PA on 12/30/14 at 1640
Electronically Signed by Mullins, Robert F MD on 12/31/14 at 0900

RPT #: 1230-0557
END OF REPORT

Page 5 of 5

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#:1231-0561 REPORT STATUS: Signed
 DATE:12/31/14 TIME: 1741

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Lutz, Shellie PA

Rep SRV DT: 12/31/14

REP SRV TM: 1741

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 3

Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Resp	18	12/31 1425
Pulse Ox	96	12/31 1348
B/P	122/58	12/31 1348
Pulse	95	12/31 1348
Temp	36.7	12/31 1207
O2 Delivery	Room Air	12/31 0851
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	12/31 0700	12/30 1900
Intake Total	2302	1824
Output Total	2830	2800
Balance	-528	-976
Intake, IV	60	160
Intake, Oral	1378	800
Intake, TPN/PPN	264	264
Intake, Tube Feeding	600	600

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/31/14
Acct#: G00557360179

Output, Urine	2830	2800

General appearance: awake, no acute distress

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs are intact in exsult. no bleeding, purulence. 2 areas on abdomen are deep. packing with exsult donor with cutercin on back- drying

Results

Findings/Data:

Laboratory Tests

12/31/14 0320:

7.35	9.3 L	263
	29.5 L	

134 L	100	10	86
4.2	25	0.6	

12/30/14 0306:

6.76	9.2 L	238
	29.0 L	

137	102	9	115 H
3.6	26	0.5	

Results: labs reviewed

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg

15% TBSA burn

blast injuries to left leg abdomen and left thigh

Patient: LONG, GYLES
Unit#: G000808204
Date: 12/31/14
Acct#: G00557360179

facial fx
nasal fx
s/p gastroc flap

P: placed in exalt on 12/29 - open in am for eval and staple removal
pack 2 areas on the abdomen daily
no surg needed for facial fx currently
xray left knee-patella osteophytes
increase activity - ambulate today

Direct supervision provided by Dr. mullins; 99232x2
ACCI medical management

Electronically Signed by Lutz, Shellie PA on 12/31/14 at 1743
Electronically Signed by Mullins, Robert F MD on 01/02/15 at 1122

RPT #: 1231-0561
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0101-0433 REPORT STATUS: Signed
 DATE: 01/01/15 TIME: 1704

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Lutz, Shellie PA

Rep SRV DT: 01/01/15

REP SRV TM: 1704

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 4

Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

able to communicate. No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	98	01/01 1400
B/P	135/69	01/01 1400
Temp	36.8	01/01 1400
Pulse	101	01/01 1400
Resp	21	01/01 1400
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/01 0700	12/31 1900
Intake Total	2384	2515
Output Total	1125	2300
Balance	1259	215
Intake, IV	304	60
Intake, Oral	1480	1591
Intake, TPN/PPN		264
Intake, Tube Feeding	600	600

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/01/15
Acct#: G00557360179

Number Bowel Movements		6
Number Voids		9
Output, Urine	1125	2300
Patient Weight		110 kg

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs looks good adherent, maturing no significant loss veil stuck in few places - removed by dr. mullins few scattered staples no bleeding, purulence. 2 areas on abdomen are deep. packing with exalt donor with cutercin on back-drying - remains very tender

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

s/p gastroc flap

P: Conformant/Exsult to all stsg

pack 2 areas on the abdomen daily

no surg needed for facial fx currently

xray left knee-patella osteophytes

increase activity

Transfer to floor

Patient: LONG, GYLES
Unit#:G000808204
Date: 01/01/15
Acct#:G00557360179

Direct supervision provided by Dr. mullins; 99232x2
ACCI medical management

Electronically Signed by Lutz, Shellie PA on 01/01/15 at 1706
Electronically Signed by Mullins, Robert F MD on 01/02/15 at 1124

RPT #: 0101-0433
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0102-0472 REPORT STATUS: Signed
 DATE: 01/02/15 TIME: 1809

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 PA

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F
 AUTHOR: Miller, Janice M

Rep SRV DT: 01/02/15 REP SRV TM: 1809
 * ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 5
 Status post: autograft

Subjective

Chief Complaint:
 hx of Trauma
 Patient reports:
 No: complaints.
 Nursing reports:
 No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Resp	18	01/02 1751
Pulse Ox	100	01/02 1508
B/P	120/94	01/02 0800
Temp	36.8	01/02 0800
Pulse	98	01/02 0800
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/02 0700	01/01 1900
Intake Total	1367.6	1702
Output Total	1375	2500
Balance	-7.4	-798
Intake, IV	267.6	190
Intake, Oral	500	836
Intake, TPN/PPN		176

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/02/15
Acct#: G00557360179

Intake, Tube Feeding Number	600	500
Bowel Movements		2
Output, Urine	1375	2500
Patient Weight		110 kg

General appearance: alert, awake, conversant

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs looks good adherent, maturing no significant loss veil stuck in few places - removed by dr. mullins few scattered staples no bleeding, purulence. 2 areas on abdomen are deep. packing with exalt donor with cutercin on back-drying - remains very tender no significant change

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

s/p gastroc flap

P: Conformant/Exsult to all stsg

pack 2 areas on the abdomen daily

no surg needed for facial fx currently

xray left knee-patella osteophytes

increase activity

Transfer to floor

rehab referral

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/02/15
Acct#: G00557360179

Direct supervision provided by Dr. mullins; 99232x2
ACCI medical management

Electronically Signed by Miller, Janice M PA on 01/02/15 at 1810
Electronically Signed by Mullins, Robert F MD on 01/05/15 at 0813

RPT #: 0102-0472
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0102-0308 REPORT STATUS: Cancelled
 DATE: 01/02/15 TIME: 1429

PATIENT: LONG, GYLES UNIT #: G000808204
 ACCOUNT#: G00557360179 ROOM/BED: G.336-1
 AGE: 55 SEX: M ATTEND: Mullins, Robert F
 MD
 ADM DT: 11/21/14 AUTHOR: Bailey, Melissa L
 PA-C
 Rep SRV DT: 01/02/15 REP SRV TM: 1429
 * ALL edits or amendments must be made on the electronic/computer document *

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI O2
01/01-01/02	36.8-37.1	94-98	18-21	120-135/58-94	93-100	

Last Documented:

	Result	Date Time
Resp	18	01/02 1335
Pulse Ox	100	01/02 0800
B/P	120/94	01/02 0800
Temp	36.8	01/02 0800
Pulse	98	01/02 0800
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FI O2	50	11/30 1156

24 hour I&O ending at 0700:

	01/02 0700	01/01 1900
Intake Total	1367.6	1702
Output Total	1375	2500
Balance	-7.4	-798
Intake, IV	267.6	190
Intake, Oral	500	836
Intake, TPN/PPN		176
Intake, Tube Feeding	600	500
Number Bowel Movements		2
Output, Urine	1375	2500

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/02/15
 Acct#: G00557360179

Patient Weight	110 kg

Results

Findings/Data:

Laboratory Tests

	01/02 1230	01/02 0410	01/02 0100	01/02 0052	01/01 2109
Chemistry					
Sodium (136 - 145 MMOL/L)			134 L		
Potassium (3.5 - 5.1 MMOL/L)			4.0		
Chloride (99 - 109 MMOL/L)			98 L		
Carbon Dioxide (21 - 32 MMOL/L)			27		
Anion Gap (9 - 18 MMOL/L)			13		
BUN (7 - 21 MG/DL)			10		
Creatinine (0.5 - 1.4 MG/DL)			0.6		
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)			16.7		
Glucose (70 - 110 MG/DL)			122 H		
POC Glucose (70 - 110 MG/DL)	130 H	103		155 H	155 H
Ionized Calcium (1.13 - 1.32 mMOL/L)			1.13		
Phosphorus (2.3 - 4.5 MG/DL)			3.8		
Magnesium (1.5 - 2.4 MG/DL)			1.6		

	01/01 1704
Chemistry	
POC Glucose (70 - 110 MG/DL)	143 H

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

RPT #: 0102-0308

END OF REPORT